

# MCHF Sporting Clays Tournament Blue Ranch Event Center ~ Dumas, TX 79029 Saturday, September 10, 2022 ~ 8:00am—12:00pm



## **Sponsors & Underwriting Form**

#### SPONSOR OR REGISTER ONLINE AT www.MooreCountyHealthFoundation.net

I/We would like to support the MCHF by sponsoring or underwriting the Sporting Clays Tournament

	<u> </u>	••	<i>.</i> .		<u> </u>	<u> </u>					
	A. SPONSOR LEVELS (Plea	se fill out Sections "D" & "E'	")	В.	UNDERWRITING LE	VELS (Please fill out Sections "D" & "E"	<b>'</b> )				
0000000	Station Sponsor (\$200)			0	Apparel/Prizes Und	derwriting (\$2,000) (2 Available)					
	Dove Sponsor (\$300)			0	Luncheon Underwi	riting (\$3,000) (1 Available)					
	Quail Sponsor (\$500)	ponsor (\$500)		0	Equipment/Awards	Awards Underwriting (\$4,000) (2 Available)					
	Duck Sponsor (\$1,000)			0	Event Underwriting	riting (\$10,000) (1 Available)					
	Pheasant Sponsor (\$1,50	0)									
0	Turkey Sponsor (\$5,000)										
0	C. OTHER DONATIONS (Please fill out Section "D" for recognition)										
I would like to make a donation to support the event in the amount of \$											
D. SPONSOR / UNDERWRITER INFORMATION											
Sponsor / Company Name:											
Contact Person:											
Address 1: Address 2:											
City: State:			:	Zip:							
Contact Phone:				Contact Email:							
E. SPONSOR / UNDERWRITING PAYMENT INFORMATION											
Type of Payment (circle one): CASH CHECK			CHECK		INVOICE US	VOICE US CREDIT CARD					
For Credit Card Payments—Is this a company card? If so, please provide company name:											
Cardholder Name:											
Card Number:				Expiration Date: Security Code:		Security Code:					
Billing Address (if different from above):				State:		Zip:					
Cardholder Signature:											
Please return this form to:				For more information on the MCHF:							
Moore County Health Foundation				www.MooreCountyHealthFoundation.net							
Attn: 2021 Sporting Clays Tournament				Phone: (806) 934-7804							
PO BOX 782 ~ Dumas, TX 79029			The MCHF is a 501(c)(3) tax exempt organization #75-2687992								

 ${\it Donations \ made \ to \ the \ MCHF \ are \ tax-deductible \ to \ the \ extent \ allowed \ by \ law}$ 

Please make checks payable to: The Moore County Health Foundation



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### **Participant Registration Form**

#### SPONSOR OR REGISTER ONLINE AT www.MooreCountyHealthFoundation.net

I/We would like to participate in the Sporting Clays Tournament as a shooter! A. SHOOTER REGISTRATION (Please fill out Sections "B" and "C")

Individual Sho	oter (\$250/ each) QTY		Group of 4 Shooters (\$1,000/ group) QTY								
B. PARTICIPANT INFORMATION (Rotation 1 at 8:00am. Rotation 2 at 12:00pm)											
FIRST NAME	LAST NAME	CONTACT PHONE	CONTACT EMAIL	Rotation Preference (1 or 2)	Adult (16+) or Junior (–16)						
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9											
10.											
11.											
12.											
•											
C. PAYMENT INFORMATION FOR PARTICIPANTS											
Type of Payment (circle one)	: CASH	CHECK	INVOICE US	CREDIT CARD							
For Credit Card Payments—Is this a company card? If so, please provide company name:											
Cardholder Name:											
Card Number:			Expiration Date:	Security Code:	Security Code:						
Billing Address (if different fr	om above):		State:		o:						
Cardholder Signature:											
L											

 ${\it Please \ return \ this \ form \ to:}$ Moore County Health Foundation Attn: 2021 Sporting Clays Tournament

PO BOX 782 ~ Dumas, TX 79029

Please make checks payable to: The Moore County Health Foundation

For more information on the MCHF:

www.MooreCountyHealthFoundation.net

Phone: (806) 934-7804

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