

2023 Alamo Kiwanis- Clays for Kids
5th Sporting Clay Shoot and Social
(5 Stand Lewis Scoring)

I (we) select the following sponsorship opportunities:

SPONSORSHIPS: (Deadline October 9th for print and media recognition) _____

- \$2,000 Gold Sponsor (Two Teams of Four)– Name of Sponsor:_____
- \$600 Silver Sponsor (One Team of Four) – Name of Sponsor:_____
- \$300 Bronze Sponsor (Two Indiv.) – Name of Sponsor:_____
- \$800 Banker's Challenge** (One Team of Four, 4 raffle tix, dinner, drinks) – Name of Bank:_____
- \$2,500 Dinner Sponsor – Name of Sponsor:_____
- \$2,500 Drink Sponsor – Name of Sponsor:_____
- \$2,500 Social Sponsor – Name of Sponsor:_____
- \$500 Ind. Station Sponsor – Name of Sponsor:_____

*Go online to www.alamo-kiwanis.org/claysforkids to learn more about sponsorships and benefits.

Provide your sponsorship's shooter registration information by filling out the *Shooter Registration Form* found on our website: www.alamo-kiwanis.org/claysforkids

ADDITIONAL PARTICIPATION SELECTIONS:

- | | |
|--|---|
| <input type="checkbox"/> _____ Individual Shooters x \$150 = _____ | <input type="checkbox"/> _____ (6) Raffle Tickets x \$100 = _____ |
| <input type="checkbox"/> _____ (1) Mulligan x \$10 each = _____ | <input type="checkbox"/> _____ Dinner/Social Only x \$30 = _____ |
| <input type="checkbox"/> _____ (3) Mulligans x \$25 = _____ | |
| <input type="checkbox"/> _____ (1) Raffle Ticket x \$20 each = _____ | |

TOTAL: \$ _____

PAYMENT INFORMATION:

Please indicate method of payment below:

Pay Online www.alamo-kiwanis.org/claysforkids

Check no.:_____

Credit Card

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card No.: _____

Exp. Date:_____ Sec Code:_____

Credit Card Billing Address: _____

Authorization Signature: _____

Phone: _____ Email: _____

Mail to: 7700 Broadway, #104-213
San Antonio, TX 78209

For questions, email: akc@alamo-kiwanis.org

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SHOOTERS REGISTRATION FORM

(5 Stand Lewis Scoring)

Please indicate your top 2 start time preferences:

1:00pm 2:00pm 3:00pm 4:00pm 5:00pm

Team of Four Shooters

Team Name/Sponsor/Bank: _____

Shooter 1: _____

Email: _____

Phone: _____

Shooter 2: _____

Email: _____

Phone: _____

Shooter 3: _____

Email: _____

Phone: _____

Shooter 4: _____

Email: _____

Phone: _____

Individual Shooter

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Non-Shooter/ Dinner/Social Only:

Please return by email: akc@alamo-kiwanis.org