

SAN ANGELO
2019 SPORTING CLAY SHOOT

benefiting **Texas Scottish Rite Hospital for Children**

Corporate Sponsor Team Entry Form



I wish to participate in the 2019 San Angelo Sporting Clay Shoot.*

Corporate sponsor \$1,650 (Includes six shooters)

I prefer Rotation 1 (8 a.m.) Rotation 2 (12 p.m.)

As space in the shoot is limited, rotation preference will be accommodated on a first-come, first-served basis.

* Registration will be available online at scottishritehospital.org/clayshoots beginning August 12.

Shooter one (Lead contact for the team)

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Shooter two

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Shooter three

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Shooter four

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Shooter five

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Shooter six

Last name: _____ First name: _____ Male Female Junior (16 yrs. or younger)

Business name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Type of Card: VISA MasterCard American Express Discover

Is this a company card? If so, please provide company name: _____

Name of Cardholder: _____

Card Number: _____

Exp. Date: Month: _____ Year: _____ Security Code: _____

Billing Address (if different from above): _____

Signature: _____

Please make checks payable to: **Texas Scottish Rite Hospital for Children**

Your contribution is tax-deductible to the extent allowed by law.

Please return this form to:

Texas Scottish Rite Hospital for Children
San Angelo Sporting Clay Shoot
2222 Welborn Street, Dallas, Texas 75219
or Fax: 214-559-7649



Phone: 214-559-7684 800-421-1121, ext. 7684