



5th Annual Sport Clay Shoot

Friday, October 5th, 2018

Sunsest Farm Sporting Clays

492 N. Knight Rd. Delanson, NY 12053

SHOOTER PACKAGES

___ THE WORKSITE FOREMAN SPONSOR \$2,000

- Listed as tournament sponsor
- Two Teams
- Ammo for all Players
- Gun Cleaning Kit
- Personal Protection Gear
- 5 Dinner Tickets (for non-shooting guests)
- Starting Station #1 or next available

___ THE MERIT SHOP SUPPORTER \$1,000

- Listed as tournament sponsor
- One Team
- Gun Cleaning Kit
- Personal Protection Gear
- 5 Dinner Tickets (For non-shooting guests)
- Starting Station #2 or next available

___ TEAM OF FIVE - \$500

SPONSORSHIP PACKAGES

___ EVENT SPONSOR - \$1,500

Recognition & Banner prominently displayed throughout event

___ RAFFLE SPONSOR - \$1,250

Signage prominently displayed at registration & Raffle Tables

___ DINNER SPONSOR - \$1000

Signage displayed at dinner and Recognition at dinner

___ LUNCH SPONSOR - \$500

Signage displayed at lunch and Recognition at welcome

___ BEVERAGE SPONSOR - \$500

Recognition at the welcome Signage displayed during dinner

___ COMFORT STATION SPONSOR - \$500

Pop-up tent & display booth between stations Opportunity to talk with potential new clients

___ AWARD & SHELL SPONSOR - \$550

Signage at registration Business cards with each box of shells

___ SCORECARD SPONSOR - \$250

Company name & logo on score cards Recognition at welcome

___ STATION SPONSOR \$150

Sign with company logo at shooting station

SCHEDULE OF EVENTS

12:00 PM – Registration, Lunch, & Safety Talk

12:45 PM – Shotgun Start

4:30 PM – Dinner & Awards

REMINDER: AMMUNITION IS NOT INCLUDED except as offered in Shooter Packages
Course Maps, Starting Station Assignments and Score Cards will be provided at the registration table

RAFFLE PRIZES



Raffle tickets will be sold at registration



Empire State Chapter

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To Register: Please complete page 1 & 2 and email to hart@abcnys.org
To mail your registration please make check payable to: ABC PAC
ABC, Inc. - 6369 Collamer Dr. E. Syracuse, NY 13057

BUSINESS NAME: _____

COMPANY CONTACT: _____ PHONE: _____

EMAIL: _____

Team of 5:

Team of 5 #2:

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Credit Card Authorization

Authorized signature of cardholder _____ Date _____

Printed name of cardholder _____

Type of Card: American Express / VISA / Master Card

Card Number _____ Exp. Date _____

Security Code _____ Amount of Payment _____

Name as it appears on card _____

Billing address of Cardholder (Address, City, State & Zip) _____