



SATURDAY, APRIL 26TH RAIN DATE: MAY 24TH

OAK RIDGE SPORTSMAN'S CLUB. 13001 WEISHAUPT ROAD, MACKINAW, IL \$1,000 REGISTRATION FEE PER TEAM

8:00 am Registration | 9:00am Safety Briefing | 9:30am Shotgun Start 11:30am Social & Lunch | 12:00 noon 50/50 Drawing, Live & Silent Auction, Short Program & Awards

SPONSORSHIP OPPORTUNITIES

Wobble Trap Sponsor: \$3,000 (max 4)

You will receive 1 team - 5 shooters, a commemorative gift bag, banner display at registration, one station sign on each course, signage at the Wobble Trap, and be recognized as a Club Sponsor for 30 days on each of our website and Facebook page during 2025.

Course Sponsor: \$2,500 (max 4)

You will receive 1 team - 5 shooters, a commemorative gift bag, banner displayed at registration, one station sign on each course, recognized as a Club Sponsor for 30 days on each our website and Facebook page during 2025.

White Bird Sponsor: \$1,500

You will receive 1 team – 5 shooters, a commemorative gift bag, signage at the white bird station on one course.

Ammo Sponsor: \$1,500

You will receive 1 team – 5 shooters, a commemorative gift bag, signage at 1 station on the course.

Beverage Sponsor: \$1,500

You will receive 1 team – 5 shooters, a commemorative gift bag, signage at 1 station on the course.

Snack Sponsor: \$500

You will receive a commemorative gift bag, signage at 1 station on the course.

Station Sponsor: \$500

You will receive a commemorative gift bag, signage at 1 station on the course.

REGISTRATION FEE PER SHOOTER INCLUDES:

Breakfast Pastries & Coffee Commemorative Gift Bag 10 Stations on our Premier Sporting Clays Courses Preview our NEW 5 Level Wobble Trap 12 & 20 ga. Steel Shot Shells

On-Course Snacks, Water, & Soft Drinks Lunch **Exclusive Live & Silent Auction Individual & Team Awards**

SPONSOR LEVELS

Wobble Trap Sponsor		
Course Sponsor	Beverage Sponsor	
White Bird Sponsor	Snack Sponsor	
Ammo Sponsor	Station Sponsor	
	bring your own shot gun (no single	shots) eye and ear protection are required.
	TEAM INFO	
		ompany:
		Zip:
Phone:	Email:	
Member 2:	C	ompany:
Address:	City:	Zip:
Phone:	Email:	
Member 3:	Company:	
		Zip:
Phone:	Email:	
Member 4:	Co	mpany:
		Zip:
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Memher 5	Co	ompany:
		Zip:
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I would like to donate ar		\$ (Oak Ridge Foundation is a 501c3)
	PAYMENT INF	ORMATION
Name:	Company:	Phone:
	Email:	
Total Payment Amount:		
My check is enclosed		
Please invoice me		
	pation to MasterCard, Visa, Americar	Express, or Discover
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Please mail this form with your payment or email it and call the club to pay by credit card:

EXP:_

__ CIN NO__