



SPONSOR TABLE RESERVATION FORM

Saturday, September 28 | Springfield Catholic High School

___ Yes! I/we want to sponsor the ShamRock Showdown!!! Please acknowledge our Sponsorship in the manner shown below (Personal or Corporate Listing as you would like it printed).

PREFERRED SPONSOR LISTING FOR ALL PUBLICATIONS AND PRINTING

(i.e. "Mr. & Mrs. John Jones," "McDowell Family," "Company Name, Inc.")

PREFERRED LISTING _____

Contact Person: _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ e-mail: _____

SPONSORSHIP LEVEL:

- Saint Level @ \$5,000 Leprechaun Level @ \$2,500 Level Shenanigan Level @ \$1,000
 Lucky Charm Level @ \$500

If you cannot attend the ShamRock Showdown or if you are already part of sponsored seats, please consider the Pot of Gold Level. Pot of Gold Level @ \$500

TEAM:

Please list what team your sponsorship is supporting: _____

PAYMENT METHOD:

___ Enclosed is a check payable to SCS ShamRock Showdown. ___ Please invoice me within 30 days.

___ Please charge the following credit card:

Card # _____ Exp _____ Sec Code _____

Authorized Signature _____

Other ways to show your support:

___ Sorry, we can't sponsor a table, but we want to help in the following ways:

___ Please reserve _____ regular tickets for us at \$50 per person. Payment enclosed.

___ We can't attend this year, but enclosed is a tax-deductible donation of \$_____.

Please return this form to:

Springfield Catholic Schools Central Office, 2340 S Eastgate Springfield, MO 65809. Please e-mail your company logo for website and/or other publications to Jennifer Weber at jweber@scspk12.org. Please call Becky Conroy at (417) 865-5567, with any questions.