



Presents...

for the

Birdies
Blind

Charity Scramble

@ River Hills Country Club

**4225 River Hills Dr.,
Corpus Christi, TX 78410**

Registration & Lunch @ 11:00am

Shotgun Start @ 12:00pm

For more information, please call 361.693.6183

Nov. 1st
2024



- One 4 player team
- Sponsoring a blind team
- Recognition in program & social media
- Special signage at event
- 1 Tee/Green signs
- Beverages during golf play
- Lunch



- One 4 player team
- Recognition in program & social media
- Signage on player carts
- 1 Tee/Green signs
- Beverages during golf play
- Lunch



- One 4 player team
- Recognition in program & social media
- Beverages during golf play
- Lunch



- Recognition in program & social media
- Name on sponsor signage
- Have tent at beverage area



- Golf cart (2)
- Beverages during golf play
- 1 mulligan per player
- Lunch



- Name on tee/green
- Recognition in program and social media
- Name on sponsor signage



- Beverages during golf play
- 1 Mulligan
- Lunch

If you are unable to attend, and wish to Donate Door or Raffle Prizes, please continue on to the Sponsorship form on the next pages.

For more information, please call 361.693.6183 or visit www.stlb.net/birdies-for-the-blind/.

*In the event of a rainout, certificates for rounds of golf for all players to come back at a time of their choosing (available times will be listed on the certificate) will be provided

Sign Up Form

Please Type in the boxes provided to aid with legibility.
* indicates a Required field

Date: _____

Company Name: _____

*Contact Name: _____

*Address: _____ *City: _____

*State: _____ *Zip: _____

*Phone: _____ *Email: _____

Sponsorship Level: Please check appropriate sponsorship level(s):
Please email your high resolution company logo, if applicable, to vanessad@stlb.net

Double Eagle Sponsor	\$5,000**	Tee/Green Sponsor	\$350
Golf Cart Sponsor	\$2,500**	Individual Player	\$125**
Beverage Sponsor	\$1,500**	Door Prize/Raffle Prize Donation (min.\$25 value)	_____
Tent Sponsor	\$600	I cannot attend, but please accept my donation of	_____
Team of 4	\$500		

Payment:

Check (Please make checks payable to South Texas Lighthouse for the Blind)

Visa Mastercard American Express Discover

Credit Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

cvv _____ Zip Code _____

(cont'd on next page)

Team Roster

Please Type in the boxes provided to aid with legibility.

Team 1

Company/Name: _____

Player 1

*Name: _____

Email: _____

Player 2

*Name: _____

Email: _____

Player 3

*Name: _____

Email: _____

Player 4

*Name: _____

Email: _____

Team 2

Company/Name: _____

Player 1

Name: _____

Email: _____

Player 2

Name: _____

Email: _____

Player 3

Name: _____

Email: _____

Player 4

Name: _____

Email: _____

PLEASE NOTE: COLLARED SHIRTS ARE REQUIRED

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