



Sponsor Confirmation

Hill 'n Dale Club • Wednesday, May 16, 2018



Thank you for agreeing to sponsor the 3rd Annual Ruhlin Clays Classic benefiting Cleveland Clinic Akron General. Please confirm your sponsorship level by completing and returning this form to the contact below.

Sponsorship deadline: April 25 (to be included in event materials)

Sponsorship Assets	Presenting \$5,000	Fuel the Sportsman \$3,750	Bourbon \$2,750	Scoreboard \$2,500	Ammunition \$2,500	Cart \$1,500	Station \$300
Number of Entries	6	6	4	3	3	2	
Cart	•	•	•	•	•	•	
Ammunition	•	•	•	•	•	•	
Lunch/Dinner	•	•	•	•	•	•	
Bourbon Tasting	•	•	•	•	•		
Sponsor Signage	•	•	•	•	•	•	•
Name listed in pre- and post-event marketing, media events, and press	•	•	•	•	•	•	
Logo listed in pre- and post-event marketing, media events, and press	•	•	•				

We are unable to attend, but please accept the enclosed donation: \$ _____

Payment Information

Check Enclosed (payable to **Cleveland Clinic Akron General Foundation**)

Visa American Express Discover MasterCard Card No: _____ Expiration Date: _____

Authorized Signature: _____ Date: _____

Sponsor Level: _____ **Name:** _____

Company / Association: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please mail completed registration form with payment made payable to Cleveland Clinic Akron General Foundation:

The Ruhlin Company
P.O. Box 190
Sharon Center, OH 44274
Attn: Suzy Addleman

Email completed forms to Suzy Addleman at saddleman@ruhlin.com
Phone: Call 330.239.2800 with questions

Notes: Please reference the team name and/or team captain name when registering. Please complete team information on the back of this page.

Cleveland Clinic Akron General is a 501(c)3 tax-exempt organization (1 Akron General Ave., Akron, OH 44307)

Please complete the following team/individual registration information:

Shooter #1: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #2: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #3: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #4: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #5: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #6: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____



Registration Form

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Thank you for attending the 3rd Annual Ruhlin Clays Classic benefiting Cleveland Clinic Akron General.

Please complete and return this form to the contact below.

Registration deadline: May 9

Team Registration	Quantity	Cost	Total
Clays Classic Team		\$2,000	
Sportsman's Entry Fee		\$350	
Beginner's Clinic		\$225	
Dinner Only (Non-shooter)		\$50	
Bourbon Tasting		\$50	
Amount Due:			

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Authorized Signature: _____ Date: _____

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Company / Association: _____

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Shooter #3: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #4: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #5: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shooter #6: _____

Company / Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____