



Pull for Pulmonary

Friday, January 12th, 2024

Registration & Continental Breakfast 8:00AM

Shotgun Start 9:00AM

Lunch & Awards After Party

Awards:

1st, 2nd, 3rd place

&

Best overall Male and Female Shooter.

Things to Remember:

- Teams of Four. 14 Stations with 6-8 targets.
- Participants may bring their own vehicle with side by side seating. Carts are limited and must be reserved for \$250 per cart.
- **TO BRING:** Shotgun, Shells (Minimum of 110), Ear and Eye Protection, Shell Bag and Rain Gear.

TITLE Sponsor-\$5,000

- Logo on All Promotional Materials
- Logo on Banner
- Logo on Score Card
- 4 Station Sponsor Signs
- Logo on Brochure
- Logo on Teams Board
- 2 Teams of 4 Shooters- 8 Shooters Total
- Golf Cart
- Food and Drinks Provided

Straight Score - \$3,000

- Name on Banner
- Name on Score Card
- 2 Station Sponsor Signs
- Name on Brochure
- Logo on Teams Board
- Team of 4 Shooters
- Golf Cart
- Food and Drinks Provided

Hot-Shot - \$1,500

- Station Sponsor Sign
- Name on Team Board
- Team of 4 Shooters
- Food and Drinks Provided

Squad - \$1,000

- Name on Team Board
- Team of 4 Shooters
- Food and Drinks Provided

Lone Ranger- \$250

- 1 Shooter
- Food and Drinks Provided

Marketing Options

Station Sponsor- \$500

Awards Sponsor - \$500

Food / Beverage Sponsor - \$500

Register by Monday, January 3, 2024

Printing Deadlines Apply



Shoot Location:
Bushy Creek Clays
22505 Will Vaughn Rd
Perdido, AL 36562

Proceeds to benefit
Pulmonary Patient Care -
Critical Care Monitors

Providence Hospital Foundation
P.O. Box 850429
Mobile, AL 36685

SPONSORSHIP LEVEL

(check one)

- ☐ TITLE SPONSOR - \$5,000
- ☐ Straight Score - \$3,000
- ☐ Hot-Shot - \$1,500
- ☐ Squad - \$1,000

- ☐ Lone Ranger- \$250
- ☐ Station Sponsor- \$500
- ☐ Awards Sponsor - \$500
- ☐ Food / Beverage Sponsor - \$500

REGISTRATION FORM

Company _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Team Members:

Name: _____

Name: _____

Name: _____

Name: _____

METHOD OF PAYMENT

☐ Check

☐ Master Card

☐ Visa

☐ American Express

Credit Card Number _____

Expiration Date _____

Security Code _____

Zip Code _____

Signature _____

(required for credit card payment)

Thank you for your support!

kendall.hurley@southalabama.edu

or call

251-266-2050

