



2024 CCAPI Annual Four-person Golf Scramble

Friday, May 31, 2024

Corpus Christi Country Club

INFORMATION:

COMPANY: _____

NAME: _____

EMAIL: _____

CONTACT #: _____

TEAM 1: _____

PLAYER 1: _____ PLAYER 2: _____

COMPANY: _____ COMPANY: _____

PLAYER 3: _____ PLAYER 4: _____

COMPANY: _____ COMPANY: _____

TEAM 2: _____

PLAYER 1: _____ PLAYER 2: _____

COMPANY: _____ COMPANY: _____

PLAYER 3: _____ PLAYER 4: _____

COMPANY: _____ COMPANY: _____

Waiver: By participating in the activity being promoted, you agree to release and discharge CCAPI, its officers, committees, individual committee members, and their respective sponsors from all liabilities, claims, demands, and causes of action for damages or injuries you may suffer or sustain in connection with your participation in CCAPI-related activities

PAYMENT INFORMATION

PRESENTING SPONSOR (EXCLUSIVE – One spot available)	\$7,000	\$ _____
HAT SPONSORS (EXCLUSIVE – Two spots available)	\$4,000	\$ _____
GOLF TOWEL & TEE SPONSORS (EXCLUSIVE – One spot available)	\$3,500	\$ _____
MARGARITA SPONSOR (EXCLUSIVE - One spot available)	\$3,000	\$ _____
BLOODY MARY & MIMOSA SPONSOR (EXCLUSIVE – One spot available)	\$3,000	\$ _____
GUN BOARD SPONSORS (EXCLUSIVE - Two spots available)	\$2,500	\$ _____
TROPHY SPONSORS (EXCLUSIVE – One spot available)	\$2,500	\$ _____
BEVERAGE STATION SPONSORS (EXCLUSIVE - Three spots available)	\$2,500	\$ _____
CLOSEST TO THE PIN SPONSOR (EXCLUSIVE - Two spots available)	\$2,000	\$ _____
TEAM SPONSOR	\$1,500	\$ _____
HOLE STATION SPONSOR (LIMITED AVAILABILITY)	\$500	\$ _____
HOLE SIGN SPONSOR	\$250	\$ _____
TEAM MULLIGANS (INCLUDES 4)	\$100	\$ _____
TEAM DUCK HUNT SHOT (INCLUDES 4)	\$20	\$ _____
FOOD & BEVERAGE SPONSOR	\$250	\$ _____
RAFFLE PRIZE SPONSOR: \$100 - NO MIN. or can bring an item	\$100	\$ _____
ADDITIONAL GOLF CART: \$250 - There will not be any extra golf carts on the day of the event. So, if you bring a guest, they will need a golf cart. The cut-off to reserve a cart is Monday, May 20th.	\$250	\$ _____
CCAPI Yearly Membership Dues:	\$50	\$ _____
		TOTAL: \$ _____

Credit Card Authorization:

Name on Card: _____ Phone: _____

Card #: _____ Exp: ____/____ CVV: _____ Zip: _____

Email Form to: api@corpuschristiapi.org

Mail checks to: Corpus Christi API PO Box 9235 Corpus Christi, TX 78469