



= MACE = GOLF TOURNAMENT

MONDAY, SEPTEMBER 16, 2019
Lunch Served at 11:00 a.m.
Shotgun Start 1:00 p.m.

ROCKWOOD GOLF COURSE
1851 Jacksboro Hwy, Fort Worth, TX 76114

RESERVATION DEADLINE

September 6, 2019
Shotgun Start: 1:00PM

COST

1 Golfer: \$200
1 Foursome: \$750

Includes: golf cart, range balls,
beverages, lunch and dinner

DRESS CODE

Collared shirts required.
No denim please.

NAME SPONSOR \$10,000

Tournament Name
Large Banner with Name/Logo
Name/Logo on all Course Signage
2 Foursomes (8 player spots)
2 Tee Box Signs
Recognition at Scholarship Event
2 Scholarships Awarded in
Company Name

TITLE SPONSOR \$5,000

Banner with Name/Logo
Name/Logo on all Course Signage
1 Foursome (4 player spots)
1 Tee Box Sign
Recognition at Scholarship Event
1 Scholarship Awarded in
Company Name

PRESENTING SPONSOR \$2,500

Name/Logo on Course Signage
1 Foursome (4 player spots)
1 Tee Box Sign

HOLE SPONSOR \$1,000

1 Foursome (4 player spots)
1 Tee Box Sign

TEE BOX SPONSOR \$250

1 Tee Box Sign

DINNER AND AWARDS WILL TAKE PLACE IMMEDIATELY AFTER THE TOURNAMENT.

PLEASE RSVP TO:

Dr. Samuel Davila | 817-366-7402 | Samuel_v_davila@yahoo.com

BECOME A SPONSOR

SPONSORSHIP

- Tournament Name Sponsor - \$10,000
- Tournament Title Sponsor - \$5,000
- Presenting Sponsor - \$2,500
- Hole Sponsor - \$1,000
- Tee Box Sponsor - \$250

TEAM SPONSORSHIP

- 1 Foursome - \$750

INDIVIDUAL GOLFER

- 1 Golfer - \$200

DONATION

- I can't make it but would like to donate to MACE

Amount \$ _____

PAYMENT INFORMATION

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Total Amount to Charge \$ _____

- My payment is enclosed Please charge my credit card

Credit Card Number

- Visa AMEX Mastercard Discover

CCV

_____/____

Expiration

Signature _____

*Please make checks payable to MACE

REGISTRATION

PLAYER 1

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

PLAYER 2

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

PLAYER 3

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

PLAYER 4

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____



National Mexican American
College Education Fund Inc
PO Box 471752
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