

Shoot for a Cure

Benefiting the Cystic Fibrosis Foundation

The Shootout

Saturday, August 16, 2008

Chicken Ranch, \$125 per shooter

8 a.m. Registration • 9 a.m. Shotgun Start

Eye and ear protection is mandatory.

T-Shirt Size: SM M L XL XXL
(circle one)

Form of Payment

_____ Please bill me. Signed _____
(payment must be received by 8/8/2008)

_____ Check enclosed, payable to CFF

_____ Credit Card: ___ Visa ___ MC ___ AmEx ___ Disc

Card Number _____ Exp _____

Name on card _____

Signature _____

Please return this form to:
Cystic Fibrosis Foundation
305 S. Broadway, Ste. 1000
Tyler, TX 75702
Or by fax to (903) 597-6273

Sponsorships

_____ **Marksman Sponsor \$5,000** (\$4,505 is tax deductible)
Includes company name in event title, name in event signage and all press materials, premier location to display sponsor provided signage and banner at shoot, two teams of five shooters.

_____ **Magnum Sponsor \$2,500** (\$2,005 is tax deductible)
Includes opportunity to display sponsor provided signage and banner at shoot, inclusion in event signage and all press materials, and two teams of five shooters.

_____ **High Velocity Sponsor \$1,000** (\$752.50 is tax deductible)
Includes the opportunity to display sponsor provided signage and banner at tournament and one team of five shooters.

_____ **Stand Sponsor \$250** (\$250 is tax deductible)
Recognition at one shoot station.

_____ **Individual Shooter \$125** (\$75.50 is tax deductible)
Includes ammunition, lunch, beverages and a goodie bag.

Because of risks to people with cystic fibrosis (CF), individuals with a confirmed positive sputum culture for *Burkholderia cepacia* complex **shall not attend** this event. This is because *B. cepacia* can be passed between individuals who have CF through close proximity. *B. cepacia* infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there might still be some individuals with *B. cepacia* in attendance. *B. cepacia* is not a risk for otherwise healthy individuals. For alternative ways to participate and for information about this policy, please contact the CF Foundation at **(800) FIGHT-CF** or visit our Web site at www.cff.org. Consult your CF care center physician with medical questions.

Contact Name: _____

Company Name (as it will appear in print): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Team Captain: _____

Team Member 2 _____ Team Member 3 _____

Team Member 4 _____ Team Member 5 _____

For more information call: (903) 597-6237 or email: tyler-tx@cff.org

 **Cystic
Fibrosis
Foundation**
...adding tomorrows every day.