# <sup>9th</sup> Annual Sporting Clays Challenge "The Rabbit's Revenge"

presented by



Jupiter Light Masonic Lodge No. 340, and The Hope Center for Autism

For more information, you may contact Jonathan Burleson @ 954-610-8596, Clay Gordon @561-847-1835 and/or Joanne Sweazey @ 772-334-3288





# SATURDAY, MARCH 22, 2025 QUAIL CREEK SPORTING RANCH, 12339 NE 224th Street, Okeechobee, FL

Sign-In Time - 7:30 a.m.

Course will have fifteen stations. Shooters to be setup into four person squads. Each Shooter will need to bring eye and ear protection. Limited gun rentals will be available at the club. Pistol shooting range available upon request.



Scan QR Code to register and pay OR visit www.jupiterlightlodge.com/ rabbit

### \$250.00 per shooter

Includes breakfast, lunch, ammo, and one cart per team of four.

Awards given to: 1<sup>st</sup>, 2<sup>nd</sup> Place Teams, and Individual Men/Women's HOA

Proceeds to benefit Hope Center for Autism and various Masonic charities

sponsored by Jupiter Light Masonic Lodge No. 340

STATION SPONSORS @ \$250.00 each (Sponsors to provide logo for sign) For Information on CORPORATE SPONSORSHIPS (full tax deduction) please see reverse side of flyer

Make checks payable to Jupiter Light Masonic Lodge No. 340 and mail with completed form to: Jupiter Light Lodge, P. O. Box 566, Jupiter, FL 33468 by March 10, 2025

| Company Name:<br>Participants: | Contact/Phone: |  |  |
|--------------------------------|----------------|--|--|
| Name 1:                        | Phone #:       | Email:   |  |
| Name 2:                        | Phone #:       | Email:   |  |
| Name 3:                        | Phone #:       | Email:   |  |
| Name 4:                        | Phone #:       | Email:   |  |
| STATION SPONSOR: # OF SIGNS    | TOTAL \$       | CHECK ENCLOSED OR PAY BY CREDIT CARD AT EVENT: |  |

FLORIDA REGISTRATION NUMBER: CH32709 "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



Please contact Joanne Sweazey @ 772-334-3288 at the Hope Center for Autism for questions regarding the full tax deduction on a Corporate Sponsorship.

- **Bronze \$2,000** includes 4 Shooters, 1 Station Sponsor Sign (logo provided by Sponsor), and acknowledgement at event.
- Silver \$2,500 includes Bronze package plus inclusion in Press Release.
- **Gold \$3,500** includes Silver package plus 2'-0" x 4'-0" ft. Sponsorship Banner provided by Host (logo provided by Sponsor) displayed at event.
- **Platinum \$5,500** includes Gold package plus a total of 8 Shooters and Appreciation Award presented at event.

## Corporate Sponsors make checks payable to <u>The Hope Center for Autism and mail with completed form to:</u> <u>Jupiter Light Lodge, P.O. Box 566, Jupiter, FL 33468</u>



| Corporate Sponsor Name:<br>Participants: |           | Contact/Phone:                     |
|--|-----------|------------------------------------|
| Name 1:                                  | Phone #:  | Email:                             |
| Name 2:                                  |           | Email:                             |
| Name 3:                                  |           | Email:                             |
| Name 4:                                  | Phone #:  |                                    |
| Name 5:                                  | Phone #:  |                                    |
| Name 6:                                  |           | Email:                             |
| Name 7:                                  | Phone #:  | Email:                             |
| Name 8:                                  | Phone #:  | Email:                             |
| Name 9:                                  | Phone #:  |                                    |
| Name 10:                                 | Phone #:  |                                    |
| Name 11:                                 | Phone #:  | Email:                             |
| Name 12:                                 | Phone #:  | Email:                             |
| TOTAL AMOUNT OF CHECK: \$                | OR PAY BY | CREDIT CARD AT REGISTRATION BOOTH: |

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