



2026 MAGIC MOMENTS CAPITAL CITY CLAY SHOOT

FRIDAY, OCTOBER 9 | 8AM-1PM

LOWER WETUMPKA SHOTGUN SPORTS CLUB



SPONSORSHIP OPPORTUNITIES

MAGIC MOMENT SPONSOR \$5,000

- Three teams of four shooters
- Name/Logo inclusion on pre/post event publicity
- Prominent name/logo inclusion on all onsite signage
- Involvement in a surprise *magic moment* reveal

CART SPONSOR \$2,000

- One team of four shooters
- Name and/or logo prominently displayed on all team golf carts
- Name and/or logo inclusion on all onsite signage

STATION SPONSOR \$1,000

- One team of four shooters
- Name and/or logo inclusion on station sign

PRESENTING SPONSOR \$2,500

- Two teams of four shooters
- Name/Logo inclusion on pre/post event publicity
- Prominent name/logo inclusion on all onsite signage

LUNCH SPONSOR \$1,500

- One team of four shooters
- Name and/or logo prominently displayed as lunch sponsor
- Name and/or logo inclusion on all onsite signage

INDIVIDUAL SHOOTER \$250

- One shooter
- May be paired with other individual shooters

Hosted by Tournament Founders Tim Head & Billy Morace with the Magic Moments River Region Council:
Ross Agee, Bubba Armstrong, Davy Autrey, Britt Barley, Heidi Beattie, Melissa Bowman, Andy Britton, Hunter Bronson, Carl Calderone, Sheron Elmore (Chair), Nim Frazer, David Gadilhe, Ellen Hoffman, Scott Parker, Katie Richard, Garrett Saucer, Jenny Thiessen, Stacy Tinsley, Chris Waller, Christian Ware, Kelly Whitaker, & Emily Wise

CAPITAL CITY CLAY SHOOT REGISTRATION FORM

All proceeds benefit Magic Moments, the only wish-granting organization dedicated exclusively to children in Alabama with chronic life-threatening and acute life-altering medical conditions.

Company
Name:

Date:

Sponsor Level

- Magic Moment Sponsor \$5,000 Presenting Sponsor \$2,500 Cart Sponsor \$1,500
 Lunch Sponsor \$1,500 Station Sponsor \$1,000 Individual Shooter(s)
_____ x \$250 each
 I'm unable to participate, but please accept my donation of \$ _____

Total: \$ _____

Contact Information

Full Name: _____ Phone: _____

Address: _____

Email: _____

Payment Information

Preferred Payment Method: Check Enclosed Paid Online at www.magicmoments.org/cccs
 Invoice Me Charge Credit Card Below (a 3% processing fee will be applied to credit card payments)

Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____ Email for Receipt: _____

Billing Address (if different from above): _____

Billing Zip Code: _____

Email completed forms to Courtney@magicmoments.org or

Mail to our Birmingham office: Magic Moments 2112 11th Avenue South, Suite 219 Birmingham, AL 35205