



Fight Night Table Registration Form

Name: _____

Company/Organization: _____

Type of Business: _____

Address: _____

Tel: _____ Fax: _____

Email Address: _____

Please select one or more of the following:

Tables:

_____ Event Sponsor \$10,000.00
Fifteen (15) seats, front-page advertisement in the program,
signage available, special announcements of the Event
Sponsor throughout the evening.

_____ Underwriter \$5,000.00
Fifteen (15) seats and full-page advertisement in the program.

_____ Ringside \$1,500.00
Five (5) seats and full-page advertisement in the program.

_____ Interior \$1,000.00
Seven (7) seats

_____ Interior \$150.00

Other:

_____ Raffle item \$ _____
Description: (Prizes are awarded to attendees by raffle
between bouts as added fundraiser: please contribute a prize)

All checks shall be made payable to Sunturians Fight Night and sent to P.O. Box 182, El Paso, TX
79942.

Many thanks for your generous and kind support!