

# **RACQUETS** **FOR RECOVERY**



*Pickleball Tournament*

**Benefiting The Women's Home**

***Sponsorship Opportunities***

***October 20, 2024***

***Pickleball Social***

***1055 Conrad Sauer Drive***

***Event Chairs***

Ashley and Stedman Grigsby

Kim and J.J. Klevenhagen

Kristie and Clint Wetmore

***Stay out of the Kitchen Sponsor***

***\$10,000***

Up to 3 teams of 2 and 6 spectator tickets

T-shirt for each player

Name/Logo on event signage

Name/Logo on website and promotional materials

***Rally Sponsor***

***\$5,000***

Up to 2 teams of 2 and 4 spectator tickets

T-shirt for each player

Name/Logo on event signage

Name/Logo on website and promotional materials

***Dink Sponsor***

***\$2,500***

Up to 2 teams of 2 and 4 spectator tickets

T-shirt for each player

Name/Logo on website and promotional materials

***Team Ticket***

***\$500***

1 team of 2

T-shirt for each player

***Spectator Ticket***

***\$50***

Come cheer on your favorite pickleball team!

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Pickleball Tournament

**Benefiting The Women's Home**

*October 20, 2024  
Pickleball Social  
1055 Conrad Sauer Drive*

Please return the form below or submit online at [www.thewomenshome.org/rfr](http://www.thewomenshome.org/rfr) by October 14, 2024.

## DONATION INFORMATION

- \$10,000 Stay out of the Kitchen       \$500 Team Ticket  
 \$5,000 Rally Sponsor       \$50 Spectator Ticket  
 \$2,500 Dink Sponsor

\$\_\_\_\_\_ Other Amount

\$\_\_\_\_\_ I am unable to attend but would like to make a donation in support of The Women's Home.

\$\_\_\_\_\_ I would like to make a gift in honor or memory of: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Name for listing in event materials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TEAM INFORMATION

- Mixed Doubles  
 Female Doubles

## PAYMENT INFORMATION

- Enclosed is a check for \$\_\_\_\_\_ payable to The Women's Home.  
 Please charge \$\_\_\_\_\_ to my credit card:  
\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ Discover    \_\_\_\_ American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**For more information please contact Emily Clark at 713.328.1965 or [eclark@thewomenshome.org](mailto:eclark@thewomenshome.org)**