



**39th Annual
Induction Luncheon and Ceremony
Table Sponsor Reservation Form
Thursday, October 23, 2014
Will Rogers Memorial Center * Round-Up Inn
Fort Worth, Texas**



Name: _____ Phone: _____
 Address: _____
 Contact Person: _____ City: _____ State: _____ Zip: _____
 E-mail: _____

Table Levels

(Please indicate number of tables in appropriate table level box)



“National Cowgirl Museum and Hall of Fame Presenting Sponsor”
\$50,000 Sponsor

- ◆ Opportunity to have honored guest seated at table
- ◆ Corporate or Individual event in the Museum with rental fee waived (subject to availability & restrictions)
- ◆ Two tables of ten
- ◆ Choice of table locations
- ◆ Recognition in all print/media material
- ◆ Twenty tickets to the Museum’s festive evening on, Wednesday, October 22, 2014



“Sacagawea”
\$20,000 Sponsor

- ◆ Corporate or Individual event in the Museum with rental fee waived (subject to availability & restrictions)
- ◆ Table of ten
- ◆ Preferred seating
- ◆ Recognition in luncheon program
- ◆ Ten tickets to the Museum’s festive evening on Wednesday, October 22, 2014



“Dale Evans”
\$10,000 Sponsor

- ◆ Table of ten
- ◆ Preferred seating
- ◆ Recognition in luncheon program
- ◆ Six tickets to the Museum’s festive evening on Wednesday, October 22, 2014



“Prairie Rose”
\$5,000 Sponsor

- ◆ Table of ten
- ◆ Preferred seating
- ◆ Recognition in luncheon program
- ◆ Four tickets to the Museum’s festive evening on Wednesday, October 22, 2014



“Annie Oakley”
\$3,500 Sponsor

- ◆ Table of ten
- ◆ Reserved seating
- ◆ Recognition in luncheon program
- ◆ Two tickets to the Museum’s festive evening on Wednesday, October 22, 2014



“Side Saddle Sal”
\$2,000 Sponsor

- ◆ Table of ten
- ◆ Reserved seating
- ◆ Recognition in luncheon program

Billing Information

Amount enclosed \$ _____ (please make check payable to the National Cowgirl Museum & Hall of Fame)
 Please charge: _____ MasterCard _____ VISA _____ American Express _____ Discover
 Account Number: _____ Expiration Date: _____
 Name on card: _____
 Signature: _____
 Please Bill Me: \$ _____ on (date) _____ **(Final payment due on or before August 29, 2014)**

Program Listing

Name as it should appear in luncheon program: _____
 Signature: _____

**Please return in self-addressed envelope by August 29, 2014:
 National Cowgirl Museum and Hall of Fame
 1720 Gendy Street * Fort Worth, Texas 76107 * (817) 336-4475 * Fax (817) 336-2470**