



ROTARY SUN BOWL TEAM LUNCHEON

Presented by The Hospitals of Providence



What is it?

Rotary/Hyundai Sun Bowl Team Luncheon. Have lunch with players and hear the coaches speak.

Date, Time and Location?

Thursday, December 29, 2016, 11:30 am
at the El Paso Convention Center
1 Civic Center Plaza, El Paso, Texas 79901

What is the Purpose?

The Rotary Club of El Paso uses net proceeds to support its annual Children's Christmas Party (held annually since 1922), which treats some 4,400 Head Start children to a holiday fiesta at the El Paso County Coliseum. Other youth programs include, Rotary Youth Leadership Awards, RotaCare El Paso Medical Clinic and Literacy.

Event Day:

Some 1,200 El Pasoans and out-of-town visitors gather for a seated luncheon to hear both head coaches speak. The Starting lineup from each team will be introduced.

Cost:

Corporate table cost is \$450
(seats 8 — 6 guests and a football player from each participating team).
Individual tickets are \$50 each.

Payment:

Cash, checks and credit cards (VISA, MC, AMEX and Discover).
Please make checks out to Rotary Club of El Paso.

CONTACT INFORMATION

Sam Paredes
SBTL Chair
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The Hospitals of
PROVIDENCE

Rotary Club of El Paso
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2016 **CORPORATE PLAYER** TABLE ORDER

CONTACT INFORMATION

Company Name _____
(as you want it to appear on luncheon program)

Contact Person _____

Mailing Address _____

City / State / Zip _____ Phone _____

Email _____ Fax _____

Signed _____ Dated _____

\$450.00 each x _____ No. of tables = \$ _____
(Note: Table seats 8 people, six of your choice, and two players, one from each university)

SIX FOR 4 PACK OPPORTUNITY

If selecting this option please fill out the Sun Bowl Association brochure.

\$1,000.00 each x _____ No. of tables = \$ _____

PAYMENT INFORMATION

[Get my Company on the Starting Player waiting list!](#)

Please make check payable to: Rotary Club of El Paso and mail to 100 S. Alto Mesa Drive, El Paso, TX 79912

Phone (915) 833-6616

Fax (866) 849-3544

Email: rotaryelpaso@gmail.com

Please charge my: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

PLEASE SEND ME AN INVOICE

**ALL PAYMENTS DUE
BY DEC. 23, 2016**



For Rotary Office Use:

Table No. _____ Invoice No. _____ Invoice Date: _____

Renewal: Yes No

Date Pmt. Received: _____ Date Tickets Delivered: _____

CC: _____ QB: _____