

THJA Sponsorship Request

Name of the Event: _____

Purpose of the Event: _____

Date: _____

Contact Name: _____

Phone: _____

E-mail: _____

Location: _____

How would your event benefit the THJA members? _____

Amount Requested: \$ _____

Please submit to:

**Memorial Park Hunters
8552 Memorial Dr.
Houston, TX 77024
Fax: (713) 683-0921
office@memorialparkhunters.com**