



2023 Table Agreement Form  
Songwriter Showcase

Presented By:



Sponsor/Company Name: \_\_\_\_\_  
(exactly as it should appear in printed materials)

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

Contact Email Address: \_\_\_\_\_

Table/Sponsorship Levels

\_\_\_\_\_ \$5,000 Songwriter Sponsor

\_\_\_\_\_ \$1,200 Lyric Sponsor

\_\_\_\_\_ \$3,000 Music Sponsor

\_\_\_\_\_ \$100 Individual Ticket

Total Amount Due: \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Check Enclosed (made payable to WTRC)

\_\_\_\_\_ Send an Invoice

\_\_\_\_\_ Credit Card

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_

CVV Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail or Email Completed Form to:  
Brilyn Daniels, Donor Relations Coordinator  
West Texas Rehabilitation Center  
1925 University  
San Angelo, TX 76904  
[bdaniels@wtrc.com](mailto:bdaniels@wtrc.com) or call 325-223-6364