# SPONSORSHIP APPLICATION

## FISCAL YEAR 2025-2026

**SUBMIT TO**

City of Vicksburg
Attn: Office of the City Clerk
P. O. Box 150
Vicksburg, MS 39181-0150

Or email:
dnickson@vicksburg.org

**INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE COMMITTEE**

**Organization Name:** The Exchange Club of Vicksburg Child and Parent Center
Physical Address of the Event: Clear Creek Golf Course
Mailing Address: 3530A Manor Dr. Suite 7, Vicksburg, MS 39180
Telephone Number: 601-634-0557
Website Address: www.vcapctr.com
**Primary Contact Name:** Avis Phillips
Title: Executive Director Telephone No: 601-831-6925 cell
Email Address: avis@vcapctr.com
**Secondary Contact Name:** Michelle McGloster
Title: CASA Coordinator Telephone No: 601-634-0557
Email Address: michelle@vcapctr.com
If you are applying on behalf of another organization, please provide contact information for that organization:
Organization: N/A
Contact Name: _____
Telephone No: _____ Email Address: _____

**Complete The Following Questions Regarding Your Request For City Sponsorship Consideration**

Event Date: September 17, 2026
(Must be between October 1, 2025-September 30, 2026)

1. **Is your request for:**
(Check all that apply)

☐ In-Kind Sponsorship (specify in question 6)

☑ Cash Sponsorship Amount Requested: $ 1,000.00

2. **Briefly state your organization's mission and purpose.**

To prevent child abuse in Warren County. To provide a CASA volunteer for each child in the youth court system.

3. **Describe the event in which funds are being requested to support.**

The Exchange Club of Vicksburg is hosting a golf tournament in which all funds will go ~~to the~~ the Exchange Club of Vicksburg Child and Parent Center.

4. **Explain how your organization and/or event further a charitable cause, economic or community growth, or serve a public interest?**

This event helps pay for our parent aid program. This program helps families that are on the verge of loosing their children to the youth court be able to keep them.

5. **Provide detail on how the requested funds will be used support the event partially or in full.**

These funds will partially support the event by paying for our lunch that we provide the 72 golfers in our tournament.

6. **Select all in-kind services the organization is requesting for the event:**

☐ a) Park and facilities fees

☐ b) Park Personnel (maintenance and building attendants)

☐ c) Police Personnel

☐ d) Fire Personnel

☐ e) Other services not listed (please specify) _____

☑ f) Not requesting in-kind services

7. **Identify and provide all other funding requests for this event. Provide attachments if needed.**

| Source | Pending | Approved | Dollar Amount |
|---|---|---|---|
| Golfers to play | ✓ | | $ 400.00 per team |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |

8. **Anticipated Attendance:** 72 golfers

9. **Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.** This sponsorship will show that the City of Vicksburg is supporting the fight to prevent child abuse.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Vicksburg on behalf of the undersigned. Each undersigned representative warrants the information provided within this application and its attachments are true and complete until a written notice of change is provided to the City of Vicksburg. The City of Vicksburg is authorized to make all inquiries necessary to verify the accuracy of the provided information.

Avis M. Phillips
Requestor

8/12/2026
Date

Printed Name of Requestor from Above Avis Phillips

The Exchange Club of Vicksburg Child & Parent Center presents

# "T OFF" on Child Abuse

## 4-Man Scramble

**Thursday, September 17**

**$400 per team**

**Lunch @ Noon**

**Tee-time @ 1pm**

**Clear Creek Golf Course**

*Tee Off for Change: Help Us Drive Hope Forward!*

**For sponsor info & payouts, contact:**

- Any Exchange Club member
- CAP Center @ 601-634-0557
- Exchange Club @ 601-831-6926
- or email avis@vcapctr.com

Exchange Club is a 501(c)(3)

Dear Sponsor;

I am excited to announce our fourth annual golf tournament charity fund raiser for the benefit of the Child and Parent Center in Vicksburg.
I look forward to again seeing you at the tournament and let's make it a positive experience for all who attend.

Sincerely,

Avis Marie Phillips

Avis Marie Phillips
Executive Director, Exchange Club of Vicksburg, CAP Center
601-634-0557; avis@vcapctr.com


## Child Abuse Prevention Tournament

September 17, 2026
Clear Creek Golf Course
Vicksburg, MS

11:00 Registration.
Lunch: 12:00
Tee Time: 1:00

## SPONSORSHIP OPTIONS

**GOLD- $1000**
4-man Team, 2 Hole Sponsor signs, Banner at registration table and dining area.

**SILVER- $800**
4-man Team, 2 Hole Sponsor signs, Sponsor sign in dining area.

**BRONZE- $600**
4 man Team, 1 Hole Sponsor signs, Sponsor sign in dining area.

**4 MAN TEAM SPONSOR - $400**
4-man golf team, 1 Hole Sponsor sign

**HOLE SPONSOR - $100**

**MULLIGANS - $5 each**, Max 2 per player. Teams, please pay in advance.

## Payouts

| | |
|---|---|
| 1st Place Team | $100 each player |
| 2nd Place Team | $ 75 each player |
| Longest drive | $ 50 |
| Closest to pin | $ 50 ( 2 awarded) |

All proceeds to the CAP Center, a 501(c) (3), non-profit.

Registration Form

Company: _____
Name: _____
Address: _____
City: _____
State: _____
Phone: _____
Email: _____

Team Information

Captain: _____

Player 2: _____

Player 3: _____

Player 4: _____

Registration Deadline (** for Sponsor Signs / Banners if applicable*) September 7th

Amount Enclosed: (Payable to The Exchange Club of Vicksburg) $ _____
Proceeds go to the Exchange Club of Vicksburg Child and Parent Center, Inc. a 501 (c) (3) non-profit.

*Information / logo to be printed on sign _____

Form **W-9**
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
The Exchange Club of Vicksburg Child and Parent Center, Inc.

Business name (if different from above)

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☒ Other ▶ non-profit ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
3530 A Manor Drive, Suite 7

Requester's name and address (optional)

City, state, and ZIP code
Vicksburg, MS 39180

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ __ ____

or

Employer identification number
64-0711658

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here** Signature of U.S. person ▶ Chris Marie Phillips Date ▶ 6/25/26

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate), or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.