



# 2024 Sport Horse Nationals Patron Form

September 9-14, 2024

World Equestrian Center, Wilmington, OH

\*Patrons Open April 1 2024, 10 AM MT\*

**Platinum Patronship Package- \$1800** ..... total = \$ \_\_\_\_\_

- FIRST Priority Stabling (based off of Seniority)
- Special Platinum Level Gift
- Golf Cart
- Custom Breakfast Box to be delivered at the beginning of the show
- Sponsorship of two Champion classes
- Recognition through center ring announcements and in the Official Show Program
- 1 4X4 Arena sign in Arena selected by sponsor below (need high resolution logo emailed)

**Dressage Arena**       **Hunter/Jumper Arena**       **SHIH/SHUS/Driving Arena**

**Gold Patronship Package – \$1500** ..... total = \$ \_\_\_\_\_

**Everything Included in the Elite Package Plus**

- SECONDARY Priority Stabling (based off of Seniority)
- 1 4X4 Arena sign in Arena selected by sponsor below (need high resolution logo emailed)

**Dressage Arena**       **Hunter/Jumper Arena**       **SHIH/SHUS/Driving Arena**

**Elite Sponsorship Package – \$1100** ..... total = \$ \_\_\_\_\_

- Preferred Stabling after Platinum & Gold Stabling
- Golf Cart
- Custom Breakfast Box to be delivered at the beginning of the show
- Sponsorship of two Champion classes
- Recognition through center ring announcements and in the Official Show Program
- Specially selected gift

**Paddock Addition - \$600 (Limited to 15 Spots- First Come First Serve)** .....total=\$ \_\_\_\_\_

- Open to Platinum, Gold & Elite; you will be sent confirmation if you received a paddock or if you are waitlisted

**Total Due = \$ \_\_\_\_\_**

**\* Deadline to enroll as Patron with fees paid in full to receive stalling preference is prior to the close of entries for SHN.**

**\*\*\*Submission of a signed patronship form constitutes agreement by signing party for payment of patronship. You are also bound by the rules that can be modified at any time\*\*\***

## Sponsorship Information

First Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Second Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Sponsor Name *(this name will be used as the published name)* \_\_\_\_\_

Contact Name \_\_\_\_\_ AHA Account # to Bill \_\_\_\_\_

Trainer \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

<b>Method Of Payment</b> (US Funds Only)		
A required 3% Convenience Fee will be added by AHA to payments made by Credit Card.		
A Convenience Fee charge does not apply if the customer submits payment by check, cash or money order.		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check Enclosed- Payable to AHA	Check # _____
Credit Card# _____		\$ _____
Print Name as it appears on CC	_____	
Exp Date	CVV	Signature
Credit Card Billing Address (include zip)		

