



# 2024 Sport Horse Nationals Sponsorship Form

Deadline with fees paid in full is **August 1<sup>st</sup>, 2024**

## Sponsorship Opportunities

- Dressage Awards Happy Hour (3 nights)** .....\$1500 per night  
Can be split between sponsors at \$500 per slot.....1 Night \$1500 \_\_\_\_\_ 1 Slot \$500 \_\_\_\_\_
  - Announcements during Dressage Awards Presentation
  - Sponsor Recognition on Event Signage
- Arena Sign** ..... \$400
  - One 3'x8' Sign in specified arena
  - Logo Artwork (hi-res .jpeg or hi-res adobe file) must be received by AHA by **8/1/24**
  - Dressage Arena     Hunter/Jumper Arena     SHIH/SHUS/Driving Arena
- Welcome Party Sponsorship**..... \$8500  
Can be split between sponsors at \$500 per slot.....Full Party \$8500 \_\_\_\_\_ 1 Slot \$500 \_\_\_\_\_
  - Recognition through center ring announcements and in the Official Show Program
- Class Sponsorship**..... \$250
  - Recognition through center ring announcements and in the Official Show Program
- Decorations & Flowers Sponsor**..... \$250
  - Sponsor Recognition on Event Signage
  - Recognition in Sport Horse Nationals Program
- Class Garlands Sponsor** ..... \$200
  - Sponsorship of Champion & Reserve Champion Garlands
  - Recognition through center ring announcements and in the Official Show Program
- Class Champion Garland Sponsor** .....\$135
  - Recognition through center ring announcements and in the Official Show Program
- Class Reserve Champion Garland Sponsor** ..... \$65
  - Recognition through center ring announcements and in the Official Show Program

**Total Due. \$ \_\_\_\_\_**

## Sponsorship Information

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

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

Third Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

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

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

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

### Method Of Payment (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.

Credit Card     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) _____		

