



2022 Canadian Nationals Patron Form

Patronship Package 1 – \$2,700 USDtotal = \$ _____

- Eight Patron pins allowing access to the Patron's Lounge
- Complimentary continental breakfast during morning classes, lunch and evening hors d'oeuvres served in the Patron's Lounge
- Cocktail Lounge during evening classes
- Eight Prime reserved seats (extra seating available)
- Preferred Stalling locations with availability of premier stalls (regular Patronship only – Patron stalling assigned prior to all others)
- Sponsorship of Champion Class
- Recognition through center ring announcements and in the Official Show Program
- Applicable discounts on advertising
- Official Show Programs
- Specially selected gift package

Patronship Package 2 – \$1,200 USD (No discounted rate) ----- total = \$ _____

- Two Patron pins allowing access to the Patron's Lounge
- Complimentary continental breakfast during morning classes, lunch and evening hors d'oeuvres served in the Patron's Lounge
- Cocktail Lounge during evening classes
- Official Show Programs

Additional Meal Ticket - @ \$200 USD (Must be a Patron) ----- total = \$ _____

- One set of meal tickets for continental breakfast during early morning classes, lunch and evening hors d'oeuvres served in the Patron's Lounge and one patron pin.

VIP Table - \$750 USD (Must be a Patron).....total = \$ _____

Enclosed is a: Full payment \$500 minimum payment - **NON-REFUNDABLE** (remaining balance due by close of entries)
TOTAL PAID \$ _____

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

***Signature

***Submission of a signed patronship form constitutes agreement by signing party for a payment for patronship, of which 50% is nonrefundable if canceled after the close of show entries.

Sponsorship Information for Patron Package 1

First Choice Class# _____ Class Name _____

Second Choice Class# _____ Class Name _____

Third Choice Class# _____ Class Name _____

Sponsor/Patron Name (this name will be used as the published name) _____

Contact Name _____ AHA Account # to Bill _____

Phone # _____ Email _____

Method Of Payment (US Funds Only)

"Effective June 1, 2019, 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 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) _____

