



2024 U.S. NATIONAL CHAMPIONSHIP HORSE SHOW PAVILION TABLES

In order to reserve a Pavilion table, signee must be a Patron

- ❖ You will receive one table set inside the arena that sits 8 people. The tables are set on the West & East side of the arena.
- ❖ Priority will be given to Patrons who had table(s) in previous years; tables will then be sold on a first come, first served basis to farms and individuals on the previously established waiting list.
- ❖ Bar and waitress service will be available.
- ❖ Reserved tables will be made available the final 3 afternoon and evening sessions of the show in Ford Truck Arena, in the lower level of the Patron Lounge.
- ❖ Beginning with the first session of halter classes, coffee, water and orange juice will be at your table for morning sessions as well as muffins and assorted breakfast breads. In the afternoons; iced tea, lemonade and water will be available at your table in addition to appetizers. A cocktail waitress will be available to take bar drink orders.
- ❖ The submission of this form constitutes an agreement by the signing party for the purchase of a pavilion table. If you cancel this pavilion table prior to May 1 you will not be invoiced. If cancelled May 2 until close of entries, a \$500 fee will be owed; after the close of entries until the start of the show, payment of 50% of the total must be paid.
- ❖ **Cost is \$3,500 per table.**

There are only 23 tables available so book soon to take advantage of this amazing opportunity!

Patron Name: _____

This is the name that will published & marked on table

Contact Name: _____ Account to Invoice: _____

Contact Email: _____ Contact Phone #: _____

Address: _____

City _____ State/Prov. _____ Zip Code _____

Method Of Payment (US Funds Only)		
A required 3% Convenience Fee (calculated by AHA) will be added for electronic payments. A Convenience Fee charge does not apply if the customer submits payment by cash, check 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)		