



Distance Award Sponsor Form

Old Selam- New Centerville, ID

August 29-31, 2025

AHA, ApHC, PFHA, PShR, AMHA & ATAA

AERC/AHA Open Rides

National Endurance Ride

(Please indicate if you wish to sponsor the 100 mile ride the 50 mile ride or both—total number needed below indicates combined total for both rides)

- ◆ Champion Award Sponsor \$300 (4 total needed) x \$300 = _____
- ◆ Reserve Award Sponsor \$200 (4 total needed) x \$200 = _____
- ◆ Top Ten Award Sponsor \$150 (32 total needed) x \$150 = _____
- ◆ Completion Award Sponsor \$100 (60 needed) x \$100 = _____
- ◆ Best Condition Award Sponsor \$75 (4 total needed) x \$75 = _____
- ◆ Junior Rider Awards Sponsor \$75 (4 total needed) x \$75 = _____
- ◆ First to Finish Awards Sponsor \$50 (4 total needed) x \$50 = _____
- ◆ OTHER (participation awards, turtle awards--- 40 total needed) x \$10 = _____

National Competitive Trail Ride

- ◆ Champion Award Sponsor \$300 (2 total needed) x \$300 = _____
- ◆ Reserve Award Sponsor \$200 (2 total needed) x \$200 = _____
- ◆ Top Ten Award Sponsor \$150 (16 total needed) x \$150 = _____
- ◆ Completion Award Sponsor \$100 (30 total needed) x \$100 = _____
- ◆ Junior Rider Awards Sponsor \$50 (2 total needed) x \$75 = _____
- ◆ High Point Awards Sponsor \$50 (2 total needed) x \$50 = _____
- ◆ OTHER (participation awards, turtle awards---15 total needed) x \$10 = _____

Total Paid= \$ _____

Sponsors at all events receive:

- Inclusion in the Official Event Program
- Recognition on the AHA Distance National Webpage
- Recognition through announcements during awards ceremonies
- Recognition through Insider Blasts

Sponsorships are non-refundable

Sponsor Name (this name will be used as the sponsors name) _____

Contact/Owner Name _____ AHA Membership # _____

Address _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Email _____

Signature _____ Date _____

Method Of Payment (US Funds Only)

A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

Check (Payable to AHA) Check # _____ ACH Credit Card Total Amount Due \$ _____

ACH Information: Account Type: Savings Checking Bank Routing #: Bank Acct #:

Credit Card# \$ _____

Print Name as it appears on CC Name:

Exp Date CVV Signature

Credit Card Billing Address (include zip)