



**Sport Horse Nationals Patron Form**  
**September 8-13, 2025**  
**World Equestrian Center, Wilmington, OH**  
**\*Patrons Open March 1 2025, 9 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 \_\_\_\_\_

**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 #:** \_\_\_\_\_

<b>Credit Card#</b>	\$
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Print Name as it appears on CC	Name:
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Exp Date	CVV	Signature
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Credit Card Billing Address (include zip)		
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