



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 #:** _____

Credit Card# _____ **\$** _____

Print Name as it appears on CC Name: _____

Exp Date CVV Signature _____

Credit Card Billing Address (include zip) _____

