



# 2025 Sport Horse Nationals

## Sponsorship Form

Deadline with fees paid in full is **August 1<sup>st</sup>**

### Sponsorship Opportunities

**Dressage Awards Happy Hour (3 nights) .....** **\$1500 per night**  
Can be split between sponsors at \$500 per slot.....**1 Night \$1500** \_\_\_\_\_ **1 Slot \$500** \_\_\_\_\_  
• Announcements during Dressage Awards Presentation  
• Sponsor Recognition on Event Signage

**Arena Sign .....** **\$400**  
• One 3'x8' Sign in specified arena  
• Logo Artwork (hi-res .jpeg or hi-res adobe file) must be received by AHA by August 1<sup>st</sup>  
 **Dressage Arena**       **Hunter/Jumper Arena**       **SHIH/SHUS/Driving Arena**

**Welcome Party Sponsorship.....** **\$8500**  
Can be split between sponsors at \$500 per slot.....**Full Party \$8500** \_\_\_\_\_ **1 Slot \$500** \_\_\_\_\_  
• Recognition through center ring announcements and in the Official Show Program

**Class Sponsorship.....** **\$250**  
• Recognition through center ring announcements and in the Official Show Program

**Decorations & Flowers Sponsor.....** **\$250**  
• Sponsor Recognition on Event Signage  
• Recognition in Sport Horse Nationals Program

**Class Garlands Sponsor .....** **\$200**  
• Sponsorship of Champion & Reserve Champion Garlands  
• Recognition through center ring announcements and in the Official Show Program

**Class Champion Garland Sponsor .....** **\$135**  
• Recognition through center ring announcements and in the Official Show Program

**Class Reserve Champion Garland Sponsor .....** **\$65**  
• Recognition through center ring announcements and in the Official Show Program

**Total Due. \$** \_\_\_\_\_

### Sponsorship Information

First Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Second Choice Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Third Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Sponsor Name (*this name will be used as the published name*) \_\_\_\_\_

Contact Name \_\_\_\_\_ AHA Account # to Bill \_\_\_\_\_

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) \_\_\_\_\_