



2025 U.S. Nationals

Patron Form

Patronship – Package 1 – \$4,200 \$ _____

- Four Patron pins allowing access to the Patron's Lounge
- Four Meal Tickets for breakfast, lunch and dinner served in the Patron's Lounge
- Four Patron Seating for Finals Nights
- Preferred Stalling (Patron stalling assigned prior to all others)
- **Golf Cart** for the duration of the show with exclusive parking
- Class Final or Semi-Final award presentation opportunity in Center Ring
- Recognition through center ring announcements and in the Official Show Program
- Specially selected gift package

Please use the AHA National/Enterprise Rental Car Info below for discounted rate at show:

Account number- XZ12D37

Additional Golf Cart- Package already includes 1 Golf Cart @ \$650 \$ _____

Additional Meal Ticket @ 750 (purchased at the show \$800) \$ _____

- One Patron Pin & One Meal Ticket for breakfast, lunch and dinner served in the Patron's Lounge

Additional Parking Passes @ \$35 (purchased at the show \$50) \$ _____

Package 1 Total \$ _____

Patronship – Package 2 - \$2,500 Package 2 Total \$ _____

- **This package does NOT include preferred stalling**

- Two Patron Pins allowing access to the Patron's Lounge
- Two Meal Tickets for breakfast, lunch and dinner served in the Patron's Lounge
- Two Patron Seating for Finals Nights
- Golf Cart

Enclosed is: \$ _____

Full payment \$500 minimum payment – **NON-REFUNDABLE** (remaining balance due by close of entries)

* Deadline to enroll as Patron with fees paid in full to receive stalling preference is prior to the close of entries for USN.

***Signature

***Submission of a signed patronship form constitutes agreement by signing party for a payment for patronship, of which 50% is nonrefundable if canceled after the close of show entries.

Sponsorship Information for Patron Package 1

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 _____

Trainer Name: _____ 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) _____