



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)