



2025 U.S. NATIONAL CHAMPIONSHIP HORSE SHOW PAVILION TABLES

In order to reserve a Pavilion table, signee must be a Patron

- ❖ You will receive one table set inside the arena that sits 8 people. The tables are set on the West & East side of the arena.
- ❖ Priority will be given to Patrons who had table(s) in previous years; tables will then be sold on a first come, first served basis to farms and individuals on the previously established waiting list.
- ❖ Bar and waitress service will be available.
- ❖ Reserved tables will be made available the final 3 afternoon and evening sessions of the show in Ford Truck Arena, in the lower level of the Patron Lounge.
- ❖ Beginning with the first session of halter classes, coffee, water and orange juice will be available morning sessions as well as muffins and assorted breakfast breads. In the afternoons; iced tea, lemonade and water will be available in addition to appetizers. A cocktail waitress will be available to take bar drink orders.
- ❖ The submission of this form constitutes an agreement by the signing party for the purchase of a pavilion table. If you cancel this pavilion table prior to May 1 you will not be invoiced. If cancelled May 2 until close of entries, a \$500 fee will be owed; after the close of entries until the start of the show, payment of 50% of the total must be paid.
- ❖ **Cost is \$3,500 per table.**

There are only 20 tables available so book soon to take advantage of this amazing opportunity!

Patron Name: _____

This is the name that will published & marked on table

Contact Name: _____ Account to Invoice: _____

Contact Email: _____ Contact Phone #: _____

Address: _____

City _____ State/Prov. _____ Zip Code _____

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.		
<input type="checkbox"/> Check (Payable to AHA) Check # _____ <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card Total Amount Due \$ _____		
ACH Information: Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> 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) _____		