



# 2018 Canadian Nationals Patron Form

## National Arabian & Half-Arabian Championship Horse Show

August 12-18, 2018  
Keystone Centre, Brandon, Manitoba

- Regular Patronship – \$2,700**..... total = \$ \_\_\_\_\_
- Eight Patron pins allowing access to the Patron’s Lounge
  - Complimentary continental breakfast during early morning classes, lunch and evening hors d’oeuvres served in the Patron’s Lounge
  - Cocktail Lounge during evening classes
  - Eight Prime reserved seats (extra seating available)
  - Preferred Stalling locations with availability of premier stalls (regular Patronship only – Patron stalling assigned prior to all others)
  - Sponsorship of Champion Class
  - Recognition through center ring announcements and in the Official Show Program
  - Applicable discounts on advertising
  - Official Show Programs
  - Specially selected gift package
  - Deadline to enroll as Patron with fees paid in full to receive stalling preference is July 6, 2018
- Commercial Patronship – \$2,700 U.S.** .....total = \$ \_\_\_\_\_
- All Regular Patron Benefits (excluding car and premier stalling priority assignment)
  - One 10’x10’ commercial exhibit booth in trade fair
  - One full-page color advertisement in the Official Show Program
- Additional Meal Ticket - \$200 U.S (Must be a patron)** ..... total = \$ \_\_\_\_\_
- One set of meal tickets for continental breakfast during early morning classes, lunch and evening hors d’oeuvres served in the Patron’s Lounge and one patron pin.

Enclosed is a:  Full payment  \$500 minimum payment  
**NON-REFUNDABLE (remaining balance due by July 6, 2018)**

Total Due = \$ \_\_\_\_\_  
Total Paid= \$ \_\_\_\_\_

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

I would like to sponsor class \_\_\_\_\_ Second Choice \_\_\_\_\_

Patron Name *(this name will be used as the stabling and published name)* \_\_\_\_\_

Contact/Owner Name \_\_\_\_\_ AHA Membership # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Fax# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Method Of Payment</b> (US Funds Only) <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Enclosed Payable to AHA Check # _____		
Credit Card#	\$ _____	
Print Name as it appears on CC	_____	
CC Billing address <b>Mandatory</b>	_____	
Exp Date	CVS	Signature

