



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 _____

Method Of Payment (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 Mandatory	_____
Exp Date	CVS _____ Signature _____

