



2018 Youth Nationals Patron Form

Deadline with fees paid in full is **June 5, 2018**

- Patronship Package Option 1** **\$3,000**
- Six (6) Meal Tickets and Pins for breakfast, lunch and evening snacks
 - Patron stalling assigned prior to all others, based on seniority
 - Reserved Patron seating with prime seating at the arena of your choice
 - Recognition through center ring announcements and in the Official Show Program
 - Class presentation opportunity in center ring
 - Specially selected gift package
- Patronship Package Option 2** **\$3,000**
- Four (4) Meal Tickets and Pins for breakfast, lunch and evening snacks
 - Golf Cart **OR** Rental Car **OR** Swamp Cooler Fan, *if no selection is made Golf Cart will be default*
 - Patron stalling assigned prior to all others, based on seniority
 - Reserved Patron seating with prime seating at the arena of your choice
 - Recognition through center ring announcements and in the Official Show Program
 - Class presentation opportunity in center ring
 - Specially selected gift package
- Golf Cart**
 Intermediate Size Rental Car
 Swamp Cooler Fan
- Additional Meat Tickets (Limit to 4)** **\$400**
- One Patron pin per meal ticket allowing access to the Patron's Lounge
- Arena Sign (Patron Rate) on-Video Side** **\$400**
- One arena sign
 - Logo Artwork (hi-res .jpeg or hi-res adobe file) must be received by AHA by **6/5/2018**
 - Arena of your choice (*please specify which arena*)
- Jim Norick Arena**
 Performance Arena
 Specialty Arena

Sponsorship Information

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 _____

Phone # _____ Email _____

Method of Payment (U.S. Funds Only)

****Sponsorships are non-refundable. All Sponsorships are due by June 5, 2017****

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