



Distance Award Sponsor Form

Iron Mountation Jubilee- Cripple Creek, VA

August 23-25, 2024

AHA, ApHC, PFHA, PShR, AMHA & ASHBA

AERC/AHA/SERA Open Rides

National Endurance Ride

(Please indicate if you wish to sponsor the 100 mile ride the 50 mile ride or both—total number needed below indicates combined total for both rides)

- ◆ Champion Award Sponsor \$300 (4 total needed) _____ x \$300 = _____
- ◆ Reserve Award Sponsor \$200 (4 total needed) _____ x \$200 = _____
- ◆ Top Ten Award Sponsor \$150 (32 total needed) _____ x \$150 = _____
- ◆ Completion Award Sponsor \$100 (60 needed) _____ x \$100 = _____
- ◆ Best Condition Award Sponsor \$75 (4 total needed)..... _____ x \$75 = _____
- ◆ Junior Rider Awards Sponsor \$75(4 total needed) _____ x \$75 = _____
- ◆ First to Finish Awards Sponsor \$50 (4 total needed) _____ x \$50 = _____
- ◆ OTHER (participation awards, turtle awards---- 40 total needed) _____ x \$10 = _____

National Competitive Trail Ride

- ◆ Champion Award Sponsor \$300 (2 total needed)..... _____ x \$300 = _____
- ◆ Reserve Award Sponsor \$200 (2 total needed) _____ x \$200 = _____
- ◆ Top Ten Award Sponsor \$150 (16 total needed) _____ x \$150 = _____
- ◆ Completion Award Sponsor \$100 (30 total needed) _____ x \$100 = _____
- ◆ Junior Rider Awards Sponsor \$50 (2 total needed) _____ x \$75 = _____
- ◆ High Point Awards Sponsor \$50 (2 total needed) _____ x \$50 = _____
- ◆ OTHER (participation awards, turtle awards---15 total needed) _____ x \$10 = _____

Total Paid= \$ _____

Sponsors at all events receive:

- Inclusion in the Official Event Program
- Recognition on the AHA Distance National Webpage
- Recognition through announcements during awards ceremonies
- Recognition through Insider Blasts

Sponsorships are non-refundable

Contributions or gifts to AHA are not tax deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses if so advised by appropriate tax counsel.

Sponsor Name *(this name will be used as the sponsors name)* _____

Contact/Owner Name _____ AHA Membership # _____

Address _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Email _____

Signature _____ Date _____

Method Of Payment (US Funds Only)		
<p>A required 3% Convenience Fee will be added by AHA to payments made by Credit Card. A Convenience Fee charge does not apply if the customer submits payment by check, cash or money order.</p>		
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check Enclosed- Payable to AHA		Check # _____
Credit Card#		\$
Print Name as it appears on CC		
Exp Date	CVV	Signature
Credit Card Billing Address (include zip)		

