2024 U.S. Nationals
Patron Form

☐ **Patronship – _Package 1_ –$4,200** .... **$_____**
- Four Patron pins allowing access to the Patron's Lounge
- Four Meal Tickets for breakfast, lunch and dinner served in the Patron's Lounge
- Four Patron Seating for Finals Nights
- Preferred Stalling (Patron stalling assigned prior to all others)
- _**Golf Cart**_ for the duration of the show with exclusive parking
- Class Final or Semi-Final award presentation opportunity in Center Ring
- Recognition through center ring announcements and in the Official Show Program
- Specially selected gift package

Please use the AHA National/Enterprise Rental Car Info below for discounted rate at show:
Account number- XZ12D37

☐ **Additional Golf Cart- Package already includes 1 Golf Cart @ $650** .... **$_____**

☐ **Additional Meal Tickets - Only available with Package 1 @ $1000** .... **$_____**
- Two Patron Pins &Two Meal Tickets for breakfast, lunch and dinner served in the Patron's Lounge

☐ **Additional Parking Passes - Only available with Package 1 @ $35** .... **$_____**

Package 1 Total $_____

☐ **Patronship – _Package 2_ - $2,000**.. **Package 2 Total $_____**
- _**This package does NOT include preferred stalling**_
- Two Patron Pins allowing access to the Patron's Lounge
- Two Meal Tickets for breakfast, lunch and dinner served in the Patron's Lounge
- Two Patron Seating for Finals Nights
- Golf Cart

Enclosed is: .... **$_____**

☐**Full payment**   ☐ **$500 minimum payment – <u>NON-REFUNDABLE</u>** (remaining balance due by close of entries)

* Deadline to enroll as Patron with fees paid in full to receive stalling preference is prior to the close of entries for USN.

***Signature _____

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

Sponsorship Information for Patron Package 1

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 _____

Trainer Name: _____Phone #_____ Email_____

Method Of Payment (US Funds Only)		
A required 3% Convenience Fee (calculated by AHA) will be added for electronic payments. A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order. ☐ Credit Card ☐ 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)		