



2022 Award Sponsor Form
Autumn Sun Pioneer in Gooding, ID
September 30- October 2
AHA, ApHC, PFHA, PShR, AMHA & ASHBA
AERC/AHA Open Rides & AHA Open CTR

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

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

Contact/Owner Name _____ AHA Membership # _____

Address _____

City _____ State/Prov. _____ Zip/Postal _____

Home # _____ Work # _____ Fax# _____

E-Mail Address _____

Signature _____ Date _____

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.

Method of Payment (U.S. Funds only): American Express Discover Exp Date _____ CVV Code _____
 Check Enclosed/Payable to AHASM -- Check # _____ MasterCard Visa Amount of Charge \$ _____

_____ Credit Card Number _____ Print Name (as it appears on credit card) _____ Cardholder's Phone

_____ Cardholder's Signature _____ Credit Card Holder's Billing Address (Street, City, State, Zip/Postal) **MANDATORY**

