



2025 Sport Horse Nationals Sponsorship Form

Deadline with fees paid in full is **August 1st**

Sponsorship Opportunities

- Dressage Awards Happy Hour (3 nights)**\$1500 per night
 Can be split between sponsors at \$500 per slot.....1 Night \$1500 _____ 1 Slot \$500 _____
 - Announcements during Dressage Awards Presentation
 - Sponsor Recognition on Event Signage
- Arena Sign** \$400
 - One 3'x8' Sign in specified arena
 - Logo Artwork (hi-res .jpeg or hi-res adobe file) must be received by AHA by August 1st

Dressage Arena Hunter/Jumper Arena SHIH/SHUS/Driving Arena
- Welcome Party Sponsorship**..... \$8500
 Can be split between sponsors at \$500 per slot.....Full Party \$8500 _____ 1 Slot \$500 _____
 - Recognition through center ring announcements and in the Official Show Program
- Class Sponsorship**..... \$250
 - Recognition through center ring announcements and in the Official Show Program
- Decorations & Flowers Sponsor**..... \$250
 - Sponsor Recognition on Event Signage
 - Recognition in Sport Horse Nationals Program
- Class Garlands Sponsor** \$200
 - Sponsorship of Champion & Reserve Champion Garlands
 - Recognition through center ring announcements and in the Official Show Program
- Class Champion Garland Sponsor**\$135
 - Recognition through center ring announcements and in the Official Show Program
- Class Reserve Champion Garland Sponsor** \$65
 - Recognition through center ring announcements and in the Official Show Program

Total Due. \$ _____

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 (US Funds Only)

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.

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) _____		

