



2025 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 Ticket - Only available with Package 1 @ 750 \$ _____

- One Patron Pin & One Meal Ticket 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 – **NON-REFUNDABLE** (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.		
<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)		

