



# 2026 Youth and Mid Summer National Championship Show Patron Form

**Patronship Package 1 - \$3,500** .....\$ \_\_\_\_\_

- Four (4) Meal Tickets and Pins for breakfast and lunch
- Patron stalling assigned prior to all others, based on seniority
- Recognition through center ring announcements and in the Official Show Program
- Class presentation opportunity in center ring
- Golf Cart OR Swamp Cooler Fan OR Two (2) Additional Meal Tickets, *if no selection is made Golf Cart will be default*

Golf Cart       Swamp Cooler Fan       Two (2) Additional Meal Tickets

- Specially selected gift package (Please select restaurant option)
- On The Border       Trappers       Charleston's
- Bags of ice available upon request up to 7 bags
- Two free show programs

**Patronship Package 2 - \$3,000** .....\$ \_\_\_\_\_

**Everything included in Package 1 minus the option of Golf Cart, Swamp Cooler Fan or Meal Ticket**

- (Please select restaurant option)
- On The Border       Trappers       Charleston's

# \_\_\_\_\_ **Additional Meal Tickets @ \$450** .....\$ \_\_\_\_\_

- One Patron pin per meal ticket allowing access to the Patron's Lounge

**Additional Golf Cart or Swamp Cooler Fan \$650 (please select option)**.....\$ \_\_\_\_\_

Golf Cart       Swamp Cooler Fan

**Blanket/Garland Sponsor (please select option)** .....\$ \_\_\_\_\_

Full Class- \$200       Champ Blanket- \$135       Res Champ Garland- \$65

**Arena Sign (Patron Rate) @ \$400** .....\$ \_\_\_\_\_

- Logo Artwork (hi-res .jpeg or hi-res adobe file) must be received by AHA by **June 1**
- Arena of your choice (*please specify which arena*)

OG&E Coliseum       Performance Arena       Specialty Arena

**TOTAL DUE \$** \_\_\_\_\_

**\* Deadline to enroll as Patron with fees paid in full to receive stalling preference is close of entries.**

\*\*\*Submission of a signed patronship form constitutes an agreement by signing party for a payment for patronship, of which 50% is nonrefundable if canceled after the close of show entries. You are also bound by the rules at the time of the show.

**Sponsorship Information for Patron Package**

First Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Second Choice    Class# \_\_\_\_\_ Class Name \_\_\_\_\_

Sponsor Name (*this name will be used as the published name*) \_\_\_\_\_

Contact \_\_\_\_\_ AHA Account # to Bill \_\_\_\_\_

Trainer \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

|   |   |                                  |
|---|---|----------------------------------|
| <b>Method Of Payment</b> (US Funds Only)  |   |                                  |
| A fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH. |   |                                  |
| <input type="checkbox"/> Check (Payable to AHA) <b>Check #</b> _____  | <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card | <b>Total Amount Due \$</b> _____ |
| <b>ACH Information:</b> Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <b>Bank Routing #:</b> _____                                       |   | <b>Bank Acct #:</b> _____        |
| <b>Credit Card#</b> _____   |   | \$ _____                         |
| Print Name as it appears on CC  | Name: _____   |                                  |
| Exp Date  | CVV   | Signature                        |
| Credit Card Billing Address (include zip)   |   |                                  |