



Region 10 Arabian & HA/AA Championships
 Minnesota State Fairgrounds, St. Paul, MN
 June 8-12, 2022
Patron & Sponsorship Form

Please select the Patron Package/Sponsorship Level that best fits your needs. Thank you for supporting Region 10!

_____ Region 10 Championship Patron’s Package \$400

Includes welcome gift, one (1) bag of ice delivered to your stalls every other day, banner in Coliseum, one (1) sponsorship of one (1) Champion & Reserve Garland, Champion’s Award, & set of ribbons, PA announcements daily, listing in show program, on the Region 10 website and in social media.

Stabling Preference if the Patronship fee is paid prior to close of entries, May 23, 2022.

List your class preferences for sponsorship

1st choice _____ 2nd Choice _____

_____ Region 10 Championship Class Sponsor \$150

Sponsorship of one (1) Champion & Reserve Garland, Champion’s Award, & set of ribbons, PA announcements during the sponsored class, listing in Show Program, on the Region 10 website and in social media.

List your class preferences for sponsorship

1) 1st choice _____ 2) 2nd Choice _____

_____ Pre-Show Class Sponsorship \$25

Sponsorship of one (1) pre-Show class. Includes PA announcement during pre-show and Listing in Show Program.

List your class preferences for sponsorship

1st choice _____ 2nd Choice _____

Name as you would like it acknowledged

Address

City/State/ZIP

Email

Home or mobile #

Work #.....

WEBSITE URL:

Please indicate method of payment: _____ included with entry payment _____ Check _____ Credit Card.

If paying by Credit Card please complete the Authorization Form on reverse side.

If paying by check please make it out to Region 10

Send all materials to:

Leesa Berhow, Show Secretary

N12861 190th St

Boyceville, WI 54725

Region 10 Credit Card Payment Authorization Form

Fill out this form and include with entry and/or patron-sponsorship forms.

A 4% convenience fee is to be included in the total.

Credit Card Type: Visa Master Card Discover American Express

Name as it appears on Card

Card number

CCV#

Billing Zip Code

Expiration Date (MM/YYYY)

I authorize Region 10 to charge the above credit card for the following amount:

Total fees from one or more Region 10 forms, including 4% Convenience Fee

Signature

Date