



# Region 10 Arabian & HA/AA Championships

Minnesota State Fairgrounds, St. Paul, MN

June 7-11, 2023

## 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 22, 2023.***

List your class preferences for sponsorship

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> 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) 1<sup>st</sup> choice \_\_\_\_\_

2) 2<sup>nd</sup> 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

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> 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 190<sup>th</sup> 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 .....