



GYMKHANA STATE CHAMPIONSHIP SHOW Sponsor Form



Company Name: _____

Contact person: _____

Address: _____

City: _____ State _____ Zip _____

Primary Phone: _____ Business Cell Fax

Alternate Phone: _____ Business Cell Fax

Email: _____

Your support is deeply appreciated

Please clearly designate your choice(s) so we may correctly apply your donation:

Show:

_____ Show Title*	\$ 5,000.00	_____ Commemorative*	\$ 1,500.00
_____ Platinum*	\$ 2,500.00	_____ Silver*	\$ 1,000.00
_____ Gold*	\$ 1,250.00	_____ Bronze*	\$ 500.00
_____ Helmet	\$ _____		

Gymkhana \$ _____

Division (please circle your choice) :

1 2 3 4 5 6 7 Open Jr Open Sr

OR Competitor _____

* Please submit banners and artwork/logos for program advertising by September 1st

Please make checks payable to : CSHA

Mail to: SCS, P.O. BOX 30864, Stockton, CA 95213

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OFFICE USE ONLY

Date Received: _____ Check # _____ Money Order _____ Amt. Paid \$ _____