



Show of Champions Sponsor Form



COMPANY NAME: _____
 CONTACT PERSON: _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 PHONE: _____ ALTERNATE PHONE _____
 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	\$ _____		

PROGRAM:

(enter amount on the program line or division line)

GYMKHANA \$ _____

Division (please circle your choice(s)) :

1 2 3 4 5 6 7 Open Jr Open Sr

OR Competitor _____

ENGLISH/WESTERN \$ _____

\$ _____ Western Division

\$ _____ English Division

\$ _____ Halter Division

\$ _____ Reining Division

HORSEMASTERSHIP \$ _____

please circle your choice(s)

\$ _____ Senior English Gymkhana Western

\$ _____ Junior English Gymkhana Western

ROYALTY \$ _____

\$ _____ Miss CSHA \$ _____ Mr. Ambassador

\$ _____ Jr. Miss \$ _____ Jr. Ambassador

\$ _____ Little Miss \$ _____ Little Ambassador

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

PLEASE MAKE CHECKS PAYABLE TO :**SHOW OF CHAMPIONS**
AND MAIL TO: SOC, P.O. BOX 30864, STOCKTON, CA 95213