

Business Name

2023 SNHSA USHJA Nationals Sponsorship Form

P.O. Box 19322, Reno, NV 89511 • <u>WWW.SNHSA.ORG</u>• 501c(3) #38-3850219

As a Nationals Sponsor, you'll help to send our SNHSA nominated riders to the Las Vegas Marshall & Sterling Insurance/USHJA National Championships. SNHSA is a 501(c)3 nonprofit organization. We count on sponsorships, memberships, donations and participation in the local horse show community to provide a fun and healthy sport to our membership. Your contribution makes horse showing accessible for junior and amateur riders who would not otherwise be able to afford to show at the national level. This form enables sponsors to fill out the form online and pay sponsorships with credit cards.

Contact Name		Phone:	
Business Address	City	State_	Zip code
Email: Web	osite:		
Nationals Sponsorship Level - \$500 The Nationals Sponsorship sends SNHSA nominated riders verified a scholarship to nationals who otherwise would not have necessary to compete.			USHJA Sponsorship level: Nationals - \$500 Scholarship - \$100
Nationals Level funds can pay for: A stall at the South Poir Fees, Feed & Bedding and Additional showing costs.	nt venue, Entr	у	·

Scholarship Sponsorship Level - \$100

Year-End Awards Banquet.

The Scholarship Sponsorship Level helps fund the showing costs for SNHSA nominated riders who have earned a scholarship to nationals who otherwise would not have the funds necessary to compete.

Sponsor Perks include: Banner displayed at the National competition, Personalized thank you collateral from riders, a Free ½ page ad in the

SNHSA Year-End Banquet Program, and a Logo board at the SNHSA

Scholarship Level funds can pay for: A stall at the South Point venue and Entry Fees.

Sponsor Perks include: Logo on banner displayed at the National competition, Personalized thank you collateral from riders, your Logo in SNHSA Year-End Awards Banquet Program.

MAKE CHECK PAYABLE TO:

Sierra Nevada Horse Show Association or SNHSA Please put "National SPONSORSHIP" in the memo line.

MAIL THIS FORM, ALONG WITH YOUR CHECK TO: SNHSA P.O. BOX 19322