



NEW JERSEY HORSE ASSOCIATION, INC. 2024 SPONSOR FORM

This form must be filled out in its entirety. Please print clearly

During the 2024 show season, the Club will have 6 horse shows, fund raisers and a year-end awards banquet. All sponsors will be announced multiple times through all NJHA shows, events and club functions. We will gladly accept any amount you would like to contribute. Below are some simple guidelines.

Check out our Facebook page - [NJHA -New Jersey Horse Association](#) for general information, dates, changes, additions and forms and our website: www.newjerseyhorseassociation.com

SPONSOR NAME: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Facsimile: _____

E-mail: _____

SPONSOR LEVEL - Check One _____ Individual _____ Business

- _____ \$25.00 Sponsor - Listing on website and in our Newsletters
- _____ \$50.00 Sponsor - Business Card-size ad in Newsletters and on Website
- _____ \$100.00 Sponsor - Same as above plus listing on Banquet and Show Programs
- _____ **\$175.00 Sponsor - Day-End Award Sponsor for seven Divisions, plus above (\$15.00 for grand for 7 Divisions and \$10.00 for reserve for 7 Divisions)**
- _____ \$250.00 - White Ribbon Sponsor - Same as above, listing on Sponsor Board and Displaying your banner at club events.
- _____ \$500.00 - Red Ribbon Sponsor - Same as above, and listing as Division Sponsor
- _____ \$1,000.00 - Blue Ribbon Sponsor - Same as White Ribbon, plus designation as the High Point Award and NJHA Show Sponsor

Signature below signifies that the aforementioned Sponsor agrees to all terms and conditions as noted herein and agrees to indemnify and hold harmless New Jersey Horse Association, Inc. for any discrepancies, injuries and/or damages suffered while exhibiting or spectating at any NJHA event.

Dated: _____

Signature of Sponsor

Please return to: NJHA, Inc. - 358 Monroeville Road, Monroeville, NJ 08343 by March 31, 2024

FOR OFFICE USE ONLY

Contribution Amount:\$ _____ Cash or Check No. _____

List other items and Value _____

Received on: _____

Authorized NJHA Representative