



# Southeast Horse Shows

## Sponsorship Opportunities

### **Class Sponsorships**

**Individual Class Sponsor (per show).....\$30**

- \*"sponsored by" in the class title in show program
- \*Choose from 10 individual shows
- \*Listing on sponsorship page in program
- \*PA Announcements

**Show Series Class Sponsor.....\$250**

- \*"sponsored by" in class title in all 10 show programs
- \* Listing on sponsorship page in all 10 show programs
- \* 1/4 page ad in all 10 show programs
- \* PA Announcement
- \* Link on Southeast Horse Shows web page

### **GOLD MEDAL Sponsorships**

**Show Series GOLD Sponsor.....\$1,000**

- \*Listing on sponsorship page in program
- \*PA Announcements
- \*Link on SEHS web page
- \*2 post per month on SEHS facebook page
- \*1/2 page ad in all 10 show programs
- \* Banner posted at all shows (supplied by sponsor)

### **Random Sponsorships**

**Hospitality Sponsors .....\$35 per show**

- (Helps offset expense of Show officials welcome bag)
- \*Opportunity to include your company name or product in bag
  - \*Listing on sponsorship page in program
  - \* PA Announcements

**Bridle Numbers Sponsor.....\$500 (SOLD TO ECKROTH DRESSAGE)**

- \*Logo and name on all Bridle numbers for 10 shows
- \*Listing on sponsorship page in program
- \*PA Announcements
- \*Link on SEHS web page
- \*1 post per month on SEHS facebook page
- \*1/4 page ad in all 10 show programs

**Sponsorships (please circle one)**

Individual Class \$30

Series Class \$250

Hospitality \$35

Bridle Number \$500

Series Gold \$1000

Sponsor Name: \_\_\_\_\_ Sponsor phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

If Individual Class or Hospitality Sponsor-name show and &/or class \_\_\_\_\_

If Class Sponsor-name class \_\_\_\_\_

How you would like Sponsor Title to read: \_\_\_\_\_

Make Checks payable to SEHS and mail to 22806 W. Newberry Rd., Newberry, FL 32669 or fill out Credit Card Information

VISA AMEX CARD NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

MasterCard Discover NAME ON CARD: \_\_\_\_\_ CVV # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_