



AD SPONSORS FORM

Annual Horse Show

July _____, 20____

SOLD BY:		DATE:
SPONSOR'S NAME:		CHECK IF NEW AD: <input type="checkbox"/>
ADDRESS:		PHONE:
CONTACT:		PHONE:
AD SIZE: <input type="checkbox"/> 1/4 Page \$15 <input type="checkbox"/> 1/3 Page \$20 <input type="checkbox"/> 1/2 Page \$25 <input type="checkbox"/> Full Page \$35		
SPONSORSHIP: <input type="checkbox"/> Class \$95 <input type="checkbox"/> Championship Class \$250		
PAYMENT: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Bill		
COMMENTS:		

ATTACH COPY OF AD AND PAYMENT, IF APPLICABLE



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