



WWSA Attn: Shaun Mason, Sponsorship Coordinator
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2024 Individual SPONSORSHIP FORM

DATE: _____

Sponsorship: (circle one please)

Individual
50.00

Family
75.00

WWSA CONTACT MEMBER _____

SPONSOR'S NAME: _____

CONTACT PERSON: _____ PHONE # _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ WEB SITE: _____

LOGO

(EXACTLY AS YOU WANT ADVERTISED) CAN ATTACH BUSINESS CARD OR COMPANY LETTERHEAD FOR CONVENIENCE

PAID BY: CASH: \$ _____ OR CHECK _____ AMOUNT: \$ _____

Date Received: _____

Sponsor signature Date

WWSA Member Signature Date

WWSA Treasurer: _____ Date

Use of this form for any purpose other than the gathering of sponsorship donations for Westark Horse Show Association will be considered fraud and the person or persons responsible for such misuse will be subject to criminal prosecution. DUE @ LAST SHOW!!!!!!