



WHSA Attn: LeCleta Aitken, Secretary
PO Box 323
Scranton, AR 72863
Cell: (479) 970-4929

2025 INDIVIDUAL SPONSORSHIP FORM

DATE: _____

Sponsorship: (circle one please)

Individual
50.00

Family
75.00

WHSA 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

WHSA Member Signature Date

WHSA 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!!!!!!