**Ohio Quarter Horse Congress YEDA Show
Sponsorship Opportunities**

**Sponsor/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ CLASS SPONSOR $50**

*Sponsor Receives:*

* *Name listed in the program.*
* *Announcements during the show.*

**\_\_\_ HIGH POINT SPONSOR $100**

**Pick One:  High Point Rider Jackets or  High Point Team Awards**

*Sponsor Receives:*

* *An ad in the program, provided by the sponsor.*
* *Announcements during the show.*

Checks can be made out to **YEDA** or use the attached credit card form.

Please mail the payment and completed form to:

2415 State Route 603, Ashland, Ohio 44805

For questions or more information please contact:

**Debbie Arnold**

PH # 419-566-6589

****Email: darnold@showyeda.com

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**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize Youth Equestrian Development Association to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

*There will be an additional 4% convenience fee charge for all credit card transactions.*

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Youth Equestrian Development Association (full name)

to charge my credit card account indicated below for \_\_\_\_\_\_\_\_\_\_\_\_\_ on or after \_\_\_\_\_\_\_\_\_\_\_\_. This payment is for: (amount)

 (date)

🞎 YEDA Membership 🞎 SIF Annual Membership

🞎 YEDA Show Shirt Purchase 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  Account Type: [ ]  Visa [ ]  MasterCard [ ]  AMEX [ ]  Discover Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ |

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ DATE \_\_\_\_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

*Updated 9/10/2021*