Ohio Quarter Horse Congress
YEDAN 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
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.*

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**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)

☐ YEDA Membership
☐ YEDA Show Shirt Purchase
☐ SIF Annual Membership
☐ Other ________________

Billing Address __________________________ Phone# __________________________
City, State, Zip __________________________ Email __________________________

<table>
<thead>
<tr>
<th>Account Type:</th>
<th>☐ Visa</th>
<th>☐ MasterCard</th>
<th>☐ AMEX</th>
<th>☐ Discover</th>
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<table>
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<th>Cardholder Name</th>
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<td>Account Number</td>
<td>__________________________</td>
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<td>Expiration Date</td>
<td>__________</td>
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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*