



# SHOW SPONSORSHIP OPPORTUNITIES

NOV 1-9 // TULSA, OK // COLORBREEDCONGRESS.COM

**SHOW SPONSORSHIP ENTRY FINAL DEADLINE IS OCTOBER 5, 2019**

The Pinto Horse Association®, is dedicated to preserving the bloodlines of the Pinto and providing its members with education and quality products. Listed below are show sponsorship opportunities; however PtHA® also offers corporate partnerships providing even more opportunities for greater benefits. Contact the PtHA® today and get your company recognized!

### CLASS SPONSOR - \$100/CLASS

#### Sponsor will receive:

- Name announced at beginning and end of class of sponsor's choice as the "Class Sponsor" as well as a brief description of sponsor business. (Offer available to everyone, Trainers, Exhibitors, Charters, Barns, Breeders, Businesses, Vendors, Colleges and more!)

### JACKET SPONSOR - \$250/CLASS

#### Sponsor will receive:

- Sponsor the Congress Champion Jacket for a class of your choice. Name and brief description of sponsor business announced at the beginning of the class as the "Jacket Sponsor" as well as during the awards presentation for that class.
- Logo on website under Show Sponsors with link to sponsor website, listed as a "Jacket Sponsor"

## YES! I WOULD LIKE TO BE A SPONSOR OF THE 2019 COLOR BREED CONGRESS®

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### LEVEL OF SHOW SPONSORSHIP (Mark one):

**Class Sponsor:** Number of Classes (@\$100/ea) \_\_\_\_\_

Class Preference(s) \_\_\_\_\_

**Jacket Sponsor:** Number of Classes (@\$250/ea) \_\_\_\_\_

Class Preference(s) \_\_\_\_\_

### SPONSOR INFORMATION:

PtHA® Member ID: \_\_\_\_\_

How would you like to be identified in sponsor promotion: \_\_\_\_\_

Please include a short description of your business to be included in sponsor promotion: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT INFORMATION:

**TOTAL AMOUNT (U.S. funds only)** \_\_\_\_\_  Check  Visa  MasterCard  Discover  American Express

Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVW#: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return the completed form to the PtHA® office or contact Angie Higgins at [ahiggins@pinto.org](mailto:ahiggins@pinto.org) or (405) 491-0111 for more sponsorship opportunities.**