

# Feria del CABALLO ESPAÑOL 2017

## SPONSORSHIP INFORMATION



*Feria del Caballo Español honors its major supporters through the Show Sponsorship Program by providing them with preferred seating, hospitality, arena announcements, banner space, and advertising.*

### CLASS SPONSORSHIP

*As a class sponsor, you will be honored on our website and in the show program. Your support will be announced during the class that you sponsor as well as during the awards presentation at the end of the class. A great opportunity to support the class of your choice at the show. Classes will be available for sponsorship on a first come, first served basis.*

Morphology Class	\$150.00
Cobra Class	\$200.00
Functionality Class	\$200.00
Absolute Champion of Movement	\$300.00
Best Movement Class	\$200.00
Absolute Champion Adult	\$300.00
Champion Young Horse	\$250.00
Best Breeder Award	\$500.00
Best Movement Adult	\$250.00
Best Exhibitor Award	\$500.00
Champion of Functionality	\$250.00

**FOR ADDITIONAL SPONSORSHIP PACKAGES CONTACT LEONELA RODRIGUEZ OR CARLOS JIMENEZ.**



### SPONSORSHIP FORM

Name \_\_\_\_\_  
Type of Sponsorship \_\_\_\_\_

*(Please call Leonela Redriguez, Tel: (626) 262-6872, to reserve the class sponsorship of your choosing)*

Amt. of Sponsorship \_\_\_\_\_  
Class(es) Sponsored \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If my sponsorship entitles me to present an award, I (circle one) want / do not want to present an award.

I would like to gift a trophy to be presented as an award ( )

I would like to gift goods or services \_\_\_\_\_

*(We will contact you to discuss the details if you check any of the above.)*

I do not want a sponsorship package at this time, but I would like to show my support of the P.R.E. by making a gift of \$ \_\_\_\_\_

#### **TYPE OF PAYMENT:**

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
*(Payable to Feria del Caballo Español)*

~ or ~

#### **Credit Card**

Visa ( ) MasterCard ( ) Discover ( ) American Express ( )

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

V-Code \_\_\_\_\_ *(3 or 4 digit code on front or back of card)*

Amount Authorized \$ \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address if different than above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature

Date

**Remit payment to: Feria del Caballo Español, PO Box 2410, La Puente, CA 91746**