

BUCKSKIN HORSE ASSOCIATION OF MICHIGAN SPONSORSHIP FORM

Date: _____ Name/Company _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Contact Person _____

CORPORATE SPONSORSHIP LEVELS		
<input type="checkbox"/> Platinum \$2,500	<input type="checkbox"/> Gold \$2,000	<input type="checkbox"/> Silver \$1,500
<input type="checkbox"/> Bronze \$1,000	<input type="checkbox"/> Sterling \$500	

REGULAR SHOW SEASON	CLASS	SPONSORSHIPS
<input type="checkbox"/> Regular Class All Season \$200	<input type="checkbox"/> Regular Class One Show (Sat/Sun) \$40	

CONGRESS SPONSORSHIP		
<input type="checkbox"/> Regular Class \$150	<input type="checkbox"/> PeeWee \$100	<input type="checkbox"/> Halter Champion \$100

FUTURITY SPONSORSHIP		
<input type="checkbox"/> Class \$25	<input type="checkbox"/> Buckle \$100	

SPECIAL	SPONSORSHIP	OPPORTUNITIES
<input type="checkbox"/> Youth Scholarship Fund \$ _____	<input type="checkbox"/> Year End High Point One Saddle \$750	<input type="checkbox"/> Year End High Point All Saddles \$5,000
<input type="checkbox"/> Weekend High Point One Show (Sat/Sun) \$500	<input type="checkbox"/> Weekend High Point All Season \$2,500	<input type="checkbox"/> Assisting at the shows (gate/ring/office)

IN-KIND DONATION VALUE	DESCRIPTION OF ITEM
<input type="checkbox"/> \$ _____	

Sponsor's Signature _____ OR With Permission by Telephone

Check # _____ Amount \$ _____ Submitted by BHAM Member _____

Make Checks payable to BHAM and send to:
Lisa Castle
BHAM Sponsorships
8303 Lakeshore Dr.
Clare, MI 48617

In the event the award you chose to sponsor has been sponsored by another person/entity, BHAM reserves the right to allocate your donation to other award categories.