

Wichita, KS 67216

## Salina Charity Horse Show 2025 Sponsorship Form

Company or Individual	Name:			
Contact Person (if diffe	erent from above)			
Address:	City:	State:	Zip Code:	
Phone Number:		E-mail:		
Name as it should ann	ounced/appear in print:			
Banner in during of \$150 State Logo/nathe show \$100 T-\$ Logo on during the show one show \$35 Class Name are \$25 Candon Name no someone \$ Other are \$150 State \$150 St	on Sponsor w T-shirt, Name announce	two show shirts, and announced on website, one showed during class the show office (come!)	during class and during ow shirt, and announced can be in honor of	
Please mark hei your sponsorship	re if you would like to pres	sent your ribbon c	or trophy associated with	
Please make checks pa	ayable to Salina Charity Ho	orse Show		
Mail checks to: Salina Charity Horse S C/o Kelly Smith 1506 E Mona St	show Websi	: SalinaCharityHorseShow@gmail.com ite: SCHShow.org :: 816-217-7847		