



134 Axbridge Gate  
Sherwood Park, Alberta  
T8H 0V8  
Canada

## SPONSORSHIP REQUEST

Thank you so much for your interest in sponsoring **Canada's National Arabian Championship**.

Please complete the information below with the Sponsorship level you are interested in and the Classes you would like to be considered for. Please be advised these requests are on a first come, first served basis and if the class/classes, you have requested have been taken, we will contact you for your next choice.

Please check the corresponding sponsorship level :

|                          |  |                          |                                   |
|--------------------------|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> | PREMIUM GOLD PARTNERSHIP \$15,000.00     | <input type="checkbox"/> | SILVER SPONSORSHIP \$1500.00      |
| <input type="checkbox"/> | PREMIUM SILVER PARTNERSHIP \$10,000.00   | <input type="checkbox"/> | JUMBOTRON ADVERTISING \$1000.00   |
| <input type="checkbox"/> | CANADIAN HOSPITALITY MEAL \$5000.00      | <input type="checkbox"/> | PROGRAM ADVERTISING \$750.00      |
| <input type="checkbox"/> | GOLD SPONSORSHIP \$3000.00               | <input type="checkbox"/> | SINGLE CLASS SPONSORSHIP \$500.00 |
| <input type="checkbox"/> | OPEN BAR NIGHT AT THE BARN BAR \$2500.00 | <input type="checkbox"/> | FRIENDS OF CNAC \$50 - \$499.00   |

If your sponsorship comes with individual class sponsorships, please indicate the class numbers and names below. If there is no preference, please note that and we will just assign them ourselves.

Class Name and Class Numbers

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Name to be announced, in print and on advertising for Sponsorship:

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Invoice to :

|                               |  |
|-------------------------------|--|
| Name:                         |  |
| Address:                      |  |
| City, Province or City, State |  |
| Postal or Zip                 |  |
| Phone Number                  |  |
| Email Address                 |  |

If paying by Credit Card please Complete for card holder:

|                               |  |
|-------------------------------|--|
| Name:                         |  |
| Address:                      |  |
| City, Province or City, State |  |
| Postal or Zip                 |  |
| Phone Number                  |  |
| Email Address                 |  |
| Card Number                   |  |
| Card Expiry                   |  |
| CVD Code                      |  |
| Total Sponsorship Amount      |  |
| Add 5% Credit Card Fee        |  |
| Total Sponsorship Plus 5%     |  |

*PAYABLE UPON RECEIPT*

Payments may be made via:

-E-TRANSFER TO NATIONAL ARABIAN BREED SOCIETY: [etransfercnac@gmail.com](mailto:etransfercnac@gmail.com)

-CHEQUES PAYABLE TO: National Arabian Breed Society and mailed to above address

-CREDIT CARD details please complete the above credit card section

Please submit form or questions to Emma Dybka : [dybka4@live.ca](mailto:dybka4@live.ca)

**THANK YOU FOR YOUR GENEROSITY AND SUPPORT!**