



# Scott County Regional Horse Association Sponsor Form

SCRHA is a **501 (C) 3** Organization thus all sponsorships are tax deductible  
(Tax receipts will only be sent to those with donations of \$250 or more)

[www.schorse.org](http://www.schorse.org) or FB at Scott County Horse Park

Organization or Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Cash      \_\_\_\_\_ Check (Payable to SCRHA)      \_\_\_\_\_ Pay Pal ---- [scottcohorseassoc@gmail.com](mailto:scottcohorseassoc@gmail.com)

## **CORPORATE SPONSOR    \$500.00    Blue Ribbon Sponsor**

You or your company will receive a full-page color digital ad which will run throughout each event on both of our large screen tv's. You will also be announced multiple times at all shows sponsored by SCRHA. A 3' x 4' sign will be purchased for your company with your design. The sign will be displayed at the horse park throughout the show season on the sponsor fence along with free membership for 4 individuals, or a family membership, with 2 free gate passes for the 2020 show season. Sponsorship will be listed on the website: [www.schorse.org](http://www.schorse.org). All ads will be shown on the local TV Channel 30.

Membership (Names-list 4 individuals OR 1 family) (Address(es)) (Designate gate passes) \*\*Complete information on the back\*\*

## **\$200.00    Red Ribbon Sponsor**

You or your company will receive a 3/4-page color digital ad which will run throughout each event on both of our large screen tv's. You or your company will be announced at all shows sponsored by SCRHA. A 3' x 4' sign, purchased by you, will be displayed at the horse park throughout the show season on the sponsor fence along with free membership for 1 individual and 1 gate pass for the 2020 show season. Sponsorship will be listed on the SCRHA website: [www.schorse.org](http://www.schorse.org). All ads will be shown on the local TV Channel 30.

Single membership (Name) (Address) (Designate gate pass) \*\*Complete information on the back\*\*

## **\$100.00    Yellow Ribbon Sponsor**

You or your company will receive a 1/2-page color digital ad which will run throughout each event on both of our large screen tv's. You or your company will be announced at all shows sponsored by SCRHA. A 3' x 4' sign purchased by you will be displayed at the horse park throughout the show season on the sponsor fence. Sponsorship will be listed on the SCRHA website: [www.schorse.org](http://www.schorse.org). All ads will be shown on the local TV Channel 30.

## **\$50.00    White Ribbon Sponsor**

You or your company will receive a 1/4-page color digital ad which will run throughout each event on both of our large screen tv's. You or your company will be announced at all shows sponsored by SCRHA. Sponsorship will be listed on the SCRHA website: [www.schorse.org](http://www.schorse.org).

## **\$25.00    Pink Ribbon Sponsor**

You or your company will receive a 1/8-page color digital ad which will run throughout each event on both of our large screen tv's. You or your company will be announced at all shows sponsored by SCRHA. Sponsorship will be listed on the SCRHA website: [www.schorse.org](http://www.schorse.org).

---

In addition to our sponsors, we are accepting donations to our SCRHA Scholarship Fund. This scholarship will be awarded to a SCRHA qualifying college bound high school senior or college student. If you would like to make a donation, ANY amount is appreciated, please list the amount:   \$\_\_\_\_\_  

All supporters will be named at the Awards ceremony and during the scholarship presentation.

---

### **MAIL COMPLETED FORM AND PAYMENT TO:**

**SCRHA - Carla Osborne – 2664 River Bluff Rd. – Fort Blackmore, VA 24250**

**Corporate "Blue Ribbon" Sponsor**

4 individual memberships:

**OR**

1 family membership (parent(s) and minor children)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Gate Pass (Name) \_\_\_\_\_

Address \_\_\_\_\_

Gate Pass (Name) \_\_\_\_\_

Address \_\_\_\_\_

**"Red Ribbon" Sponsor**

1 individual membership:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Gate Pass (Name) \_\_\_\_\_

Address \_\_\_\_\_

<p><b>ALL</b> Juveniles <u>must</u> designate their show season age division. Use age as of January 1, 2020 List first name and choose an age division</p>
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____
Name: _____ 12 and Under _____ 13-17 _____

**Mail completed form to:**

**SCRHA  
Carla Osborne  
2664 River Bluff Rd.  
Fort Blackmore, Va. 24250**

SCRHA asks for this information to use as data on the demographics of the association when completing reports and grants. <b>No</b> personal information (name, address, etc.) is used or disclosed. It is much appreciated.
--

<b>For Office Use Only</b>
Cash _____ Check _____ Recorded: _____
Date: _____
AD _____ Sign _____ Web _____
Membership _____ Mailed _____