



# Sponsor Application

Sponsor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Website URL: \_\_\_\_\_

\_\_\_\_ Partner - \$250

\_\_\_\_ Supporter - \$150

\_\_\_\_ Class Sponsor - \$25/Class/show date

Class: \_\_\_\_\_ Show Date: \_\_\_\_\_

Send Completed Form & Payment to:

WRHA c/o Jo Ellen Milkie, President  
W2084 State Rd 59  
Palmyra, WI 53156

\*\*Gift Certificates and donations are always welcome!