



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 % Kenda Shotliff, Treasurer
9402 N. Berg Road
Evansville, WI 53536

**Gift Certificates and donations are always welcome!