

## 2021 Horse Power Healing Center, Inc. Horse Show SPONSORSHIP FORM

<b>July 31 - August 1, 2021</b> <b>Horse Power Healing Center Benefit Open Show</b> <b>at Walworth County Fairgrounds Elkhorn, WI</b>	<b>Gold Sponsor</b> <b>\$250</b>	<b>High Point</b> <b>Sponsor</b> <b>\$100</b>	<b>Silver Sponsor</b> <b>\$90</b>	<b>Rainbow</b> <b>Sponsor</b> <b>\$25</b>	<b>Class</b> <b>Sponsor</b> <b>\$25</b>
Help us to raise funds for the programs offered at the 501(c)3 Non-Profit, Horse Power Healing Center.  <b>Equine-Assisted Therapeutic Program</b> For children and adults with special needs.  <b>“Horses for Hope”</b> For children and adults diagnosed with a terminal illness.  <b>“Horses for Heroes”</b> For veterans, military personnel and their family members.  <b>“Healing for Horses”</b> Rehabilitating neglected and abused horses. <b>“Riding in the Moment”</b> For people diagnosed with Dementia and Alzheimer’s	<ul style="list-style-type: none"> <li>◆ Announcement of Sponsor throughout the day.</li> <li>◆ Literature may be distributed at show.</li> <li>◆ Banner Placement in Arena (if provided)</li> <li>◆ Sponsor logo and website link on HPHC website and on HPHC Facebook page</li> </ul>	<ul style="list-style-type: none"> <li>◆ High Point and Reserve Awards</li> <li>◆ Announcement of Sponsor throughout the day of the show.</li> <li>◆ Sponsor website link on HPHC website</li> </ul>	<ul style="list-style-type: none"> <li>◆ Four classes sponsored at the show</li> <li>◆ Announcement of Sponsor throughout the day of the show.</li> <li>◆ Sponsor website link on HPHC website</li> </ul>	<ul style="list-style-type: none"> <li>◆ One Class</li> <li>◆ Memorialize a special person or animal. Provide a photo to be viewed at the show and on website.</li> <li>◆ Announcement of sponsor throughout the show</li> </ul>	<ul style="list-style-type: none"> <li>◆ One class</li> <li>◆ Announcement of Sponsor throughout the day of the show.</li> <li>◆ Sponsor website link on HPHC website.</li> </ul>

<b>Name</b>	<b>Class Preference*</b>
<b>Business Name</b>	<b>Business Website:</b>
<b>Address</b>	
<b>Telephone</b>	<b>E-mail</b>

**Message you would like announced:**

**PAYMENT OPTIONS**

**Sponsorship Type** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**I am enclosing a check.** Please make checks payable to Horse Power Healing Center

**Payment by Credit Card:**  Visa  MasterCard

**ALL FIELDS MUST BE COMPLETE**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC-Verification (last 3 numbers on back of card) \_\_\_\_\_


Name on Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Return this completed form along with payment to the address below.

If paying by check, please be sure to enclose your check.



**Horse Power Healing Center, Inc.**  
**S101 W34628 County Road LO Eagle, WI 53119**  
 Telephone: (262) 594-3667 Fax: 262-594-5136  
 Email: info@horsepowerhealingcenter.com  
**www.horsepowerhealingcenter.com**

**Retain one copy of this form for your records.**

\*Priority on class designations will be given by date received.  
 All efforts will be made to match your request.