



Sponsor's Name (As it should be published in the program)

\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The sponsor hereby confirms the agreement to a sponsorship at the Shelbyville Horse Show \_\_\_\_\_ It is mutually understood that the amount shall be \$ \_\_\_\_\_

**Check One:**  CLASS W T F S  TROPHY W T F S  RIBBON W T F S  
 HALTER W T F S  TRAINERS PURSE W T F S

The Class I would like to be a part of is: \_\_\_\_\_ **OR**

the Committee may select one for me \_\_\_\_\_ (check here)

**Ticket Order Form**

**All HORSEMAN'S CLUB tickets, plus AFTER HOURS tickets, are NIGHT SPECIFIC**

**Admission**--Tickets may be purchased at the gate for \$5.00 a night or you may purchase an Admission Pass to allow you to come and go all week

Admission Pass ..... \$15.00 \_\_\_\_\_

**Box Seats**--Order six reserved seats for all week. The purchase of a box includes general admission for six persons nightly. (Preference given to current box seat holders)

Box Seats ..... \$ \_\_\_\_\_

**Horseman's Club**--Enjoy Shelbyville Hospitality at its finest in the Horseman's Club, featuring refreshments and hors d'oeuvres every evening.

**Number of voucher cards needed:**

Horseman's Club pass for the week with admission to Saturday Night Party ..... \$ \_\_\_\_\_

Horseman's Club pass for the week ..... \$ \_\_\_\_\_

Horseman's Club one night pass ..... W T F S ..... \$ \_\_\_\_\_

Saturday Night Party ..... \$ \_\_\_\_\_

**UPPER LEVEL VIP TABLE \$3,000**

The Shelbyville Horse Show has been recognized as a 501 (C)(3) Organization by the Internal Revenue Service. All individual and corporate donations are tax deductible.

Total Sponsorship (from above) \$ \_\_\_\_\_

Total Ticket Purchases \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

**Check**

Make payable to: **Shelbyville Horse Show**  
**18 Village Plaza PMB 187**  
**Shelbyville, Ky. 40065**

**Mail check to address below**

Check# \_\_\_\_\_

Date \_\_\_\_\_

**Credit Card**

Credit Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please bill me at the above address**

**Thanks Bridwell Terhune**  
**633-4594 anytime**

For More Information Call Bridwell Terhune at 633-4594  
 Thank you for your continued support of the Shelbyville Horse Show  
 Please Keep the Bottom Copy for Your Receipt