

Sponsorship Submission Form

Member Name _____ Member Number: _____

SHSRA Division: Jr. Sr. District Number: 1 2 3 4 5 6 7 8 Date: _____

Sponsors Name, address, telephone number.	Amount sponsored	Sponsorship type Platinum, Gold, Silver, Bronze, Full Saddle, Half Saddle, Tag-a-trailer, Buckle, individual, fundraiser.	How would you like the funds allocated? Individual Sponsorship requirements, District Requirements	Please indicate if: Payment is enclosed, payment sent directly to sponsorship coordinator Invoice required, letter of commitment required,

Sponsorship Total: _____

Have you met the individual requirement of \$400.00 ? YES NO

Do you have a surplus in your sponsorship requirements? YES NO

How would you like your surplus to be allocated? To my district to another members individual requirement (the member I wish to allocated the surplus to is: _____)