

Illinois Quarter Horse
Youth Association

SPONSORSHIP FORM

Sponsors Information:

Name _____ Phone _____

Address _____

City _____ State ____ Zip _____

I, _____ agree to sponsor
_____ with _____ sponsorships at \$25.00 each.
Enclosed is a check for the amount of \$ _____.

Name of child sponsoring: _____

Make payable to ILQHYA.

YWS Sponsorships must be postmarked on or before May 1, 2017.

NYATT Sponsorships must be postmarked on or before June 1, 2017.

Thank You! Thank You! Thank You! Thank You! Thank You! Thank You!

