

2025 Horse Power Healing Center, Inc. Benefit Open Horse Show SPONSORSHIP FORM

August 9-10, 2025 Horse Power Healing Center Benefit Open Show at Walworth County Fairgrounds Elkhorn, WI	Show Sponsor \$500	Gold Sponsor \$250	High Point Sponsor \$100	Class Sponsor \$25
Help us to raise funds for the programs offered at the Non-Profit, Horse Power Healing Center. Equine-Assisted Therapeutic Program For children and adults with special needs. “Horses for Hope” For children and adults diagnosed with a terminal illness. “Horses for Heroes” For veterans, military personnel and their family members. “Healing for Horses” Rehabilitating neglected and abused horses. “Riding in the Moment” For people diagnosed with Dementia and Alzheimer’s	<ul style="list-style-type: none"> ◆ Sponsor on show bill and all advertising ◆ Announcement of Sponsor at the show ◆ Literature may be distributed at show. ◆ Banner Placement in Arena (if provided) ◆ Sponsor logo and website link on HPHC website, Facebook page and Show Online Donation page 	<ul style="list-style-type: none"> ◆ Announcement of Sponsor at the show. ◆ Literature may be distributed at show. ◆ Banner Placement in Arena (if provided) ◆ Sponsor logo and website link on HPHC website, Facebook page and Show Online Donation page 	<ul style="list-style-type: none"> ◆ High Point and Reserve Awards ◆ \$100 per division per day. Divisions are: Morab, Morgan, Arabian, Norwegian Fjord, Morab Youth, Overall Youth and Overall Show. ◆ Announcement of Sponsor at the show. ◆ Sponsor logo and website link on HPHC website, Facebook page and Show Online Donation page 	<ul style="list-style-type: none"> ◆ One class ◆ Announcement of Sponsor at the show. ◆ Sponsor website link on HPHC website.

Name	Class Preference*
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Business Name	Business Website:
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Address

Telephone	E-mail
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Message you would like announced:
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PAYMENT OPTIONS Sponsorship Type _____ Amount \$ _____ <input type="checkbox"/> I am enclosing a check. Please make checks payable to Horse Power Healing Center <input type="checkbox"/> Payment by Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard ALL FIELDS MUST BE COMPLETE Card # _____ Expiration Date: _____ CVC-Verification (last 3 numbers on back of card) _____ Name on Card: _____ Billing Address: _____ Signature: _____
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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.
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 Telephone: (262) 594-3667 Fax: 262-594-5163
 Email: info@horsepowerhealingcenter.com
www.horsepowerhealingcenter.com

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