



SPONSORSHIP REQUEST FORM

Date: _____

Organization Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____ Contact Phone: _____

Event Name: _____

Location: _____ Date: _____

Description of Event: _____

Type of Sponsorship Requested: _____

Has the Ohio Quarter Horse Association sponsored this event in the past?

Yes

No

Not Sure

Signature: _____

Return to:

Ohio Quarter Horse Association
C/O Lisa Martin
6325 Quarter Horse Drive
Columbus, OH 43229
lmartin@oqha.com