



2024 AzCHA BUCKLE SPONSORSHIP AGREEMENT

COMPANY NAME: _____

CONTACT: _____

PHONE: _____ EMAIL _____

ADDRESS: _____

CITY: _____ STATE _____

ZIP: _____ FAX: _____

Agreement is made this ____ day of _____, 20__ by and between the Arizona Cutting Horse Association (AZCHA). As the authorized representative of the partner sponsor, I hereby agree on the partner sponsor's behalf to purchase _____ sponsorship from the AzCHA in accordance with the terms Noted.

Class Preference _____ Total \$350.00 _____

Signed: _____ Date _____

Signed for AzCHA _____ Date _____

Please make checks payable to AZCHA
Mail to: AZCHA PO Box 2730 Chino Valley, AZ 86323