

# SPECTRUM 2023 VIP TABLE / SPONSORSHIP REQUEST FORM

**\*\*\* NO PHONE REQUESTS WILL BE ACCEPTED \*\*\***

**All Sponsorship requests must include payment in full and are non-refundable.**

**If the form is faxed, it must include credit card information. Tables MUST be reserved with 50% non-refundable deposit, remaining table balance must be paid in full within 30 days.**

## **SPECTRUM SPONSOR PACKAGE**

(GO TO [WWW.FLORIDAPFHA.ORG](http://WWW.FLORIDAPFHA.ORG) FOR INFORMATION ON WHAT EACH PACKAGE INCLUDES)

RESERVATION UNDER: \_\_\_\_\_

( ) PLATINUM SPONSOR \_\_\_\_\_ @ \$5,000.00= \$ \_\_\_\_\_

( ) DIAMOND SPONSOR \_\_\_\_\_ @ \$3,500.00= \$ \_\_\_\_\_

( ) EMERALD SPONSOR \_\_\_\_\_ @ \$2,500.00= \$ \_\_\_\_\_

( ) GOLD SPONSOR \_\_\_\_\_ @ \$1,250.00= \$ \_\_\_\_\_

( ) RUBY SPONSOR \_\_\_\_\_ @ \$1,000.00= \$ \_\_\_\_\_

( ) SILVER SPONSOR \_\_\_\_\_ @ \$800.00= \$ \_\_\_\_\_

( ) BANNER ON RAIL SPONSOR \_\_\_\_\_ @ \$250.00= \$ \_\_\_\_\_

*I prefer to have table (1<sup>st</sup> choice)# \_\_\_\_\_ 2<sup>nd</sup> choice # \_\_\_\_\_ subject to availability.*

*Please make sure to provide us with an e-mail address where we can send confirmation & receipt. Thank you*

*REQUESTS MUST BE ACCOMPANIED W/ CREDIT CARD AUTHORIZATION OR CHECK PAYABLE TO: FLORIDA PFHA.*

SPECIAL REQUESTS: \_\_\_\_\_

*Special requests cannot be guaranteed.*

## **CREDIT CARD AUTHORIZATION**

Master Card ( ) Visa ( ) American Express ( )

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**I/we hereby authorize Florida Paso Fino Horse Association to charge my above referenced credit card account the total amount of \$ \_\_\_\_\_.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that credit cards will be charged and checks will be deposited upon receipt of this form.

**\*\*4% Credit Card Processing Fee added to all Credit Card transactions. \*\***

Please fax this form to: (305) 675-2823 e-mail: [fishows@floridapfha.org](mailto:fishows@floridapfha.org) or [felicia@floridapfha.org](mailto:felicia@floridapfha.org)

or mail along with check or money order payable to:

Florida PFHA  
17980 SW 228 Street  
Miami, FL. 33170