



**LAST CHANCE SHOW**  
**AUGUST 3-4, 2024**  
**VIP TABLE/ CLASS SPONSORSHIP REQUEST FORM**

**VERBAL REQUESTS WILL NOT BE ACCEPTED!**

All Sponsorship requests must include payment in full and are non-refundable  
Requests must be accompanied with credit card authorization or check made payable to Florida PFHA  
Table Location will be based on the 1. Sponsor 2. Order that reservation has been received and paid

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

( ) VIP TABLE \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_

( ) CLASS SPONSORSHIP \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

( ) CHAMPIONSHIP SPONSORSHIP \_\_\_\_\_ @ \$35 = \$ \_\_\_\_\_

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

**\*\*Special Requests cannot be guaranteed\*\***

**CREDIT CARD AUTHORIZATION**

Master Card ( ) Visa ( ) American Express ( ) Discover ( )

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Email: \_\_\_\_\_

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.

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

**4% processing fee will be added to all credit card transactions.**