

Illinois Quarter Horse  
Youth Association

SPONSORSHIP FORM

Sponsors Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ agree to sponsor  
\_\_\_\_\_ with \_\_\_\_\_ sponsorships at \$25.00 each.  
Enclosed is a check for the amount of \$\_\_\_\_\_.

**Make payable to ILQHYA.**

**Sponsorships must be postmarked on or before May 1, 2012.**

Please send to:

Jennifer Drinkall  
27695 Clark Rd.  
Milledgeville, IL 61051

**Thank You! Thank You! Thank You! Thank You! Thank You! Thank You!**

