

S P O N S O R S H I P A P P L I C A T I O N

DATE | _____

NAME | _____

ADDRESS | _____

CITY | _____ STATE | _____ ZIP | _____

MOBILE PHONE | _____ EMAIL | _____

DISCIPLINES:

- BARREL RACING
- CUTTING HORSE
- DRESSAGE
- SHOW JUMPING
- STEER ROPING
- TEAM ROPING
- THOROUGHBRED RACING
- TIE-DOWN ROPING
- OTHER

WHAT MAKES YOU THE IDEAL CANDIDATE TO REPRESENT EQUIPRIDE AND EQUILIX HORSE SUPPLEMENTS?

HONORS AND ACCOLADES:

ASSOCIATIONS:

- PRCA
- BLOG
- FACEBOOK FAN PAGE
- WEB SITE

DO YOU HAVE A PERSONAL EXPERIENCE YOU WOULD LIKE TO SHARE ABOUT USING EQUIPRIDE?

- CURRENTLY USING EQUIPRIDE?
- HOW LONG HAVE YOU BEEN USING EQUIPRIDE?
- HOW LONG HAVE YOU BEEN USING EQUILIX?
- OTHER SPONSORSHIPS

PLEASE ATTACH OR INCLUDE TWO PHOTOS OF YOURSELF, ONE PORTRAIT AND ONE ACTION PHOTO.

THANK YOU,
ERICK THORNBERG
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