



70th Annual MIDWEST CHARITY HORSE SHOW

June 14-18, 2011

Matinee and Evening Performances, Tuesday - Saturday
Illinois State Fairgrounds, Springfield, Illinois

The Directors of the Midwest Horse Show Association are pleased to announce **COCO Children's Cancer Fund** as this year's charitable beneficiary. A project of the Southern Illinois University School of Medicine, Springfield, Camp COCO is a one-week summer camp for children with cancer and/or blood diseases, and their siblings.

Thank you for your past support of the Midwest Charity Horse Show and its charitable endeavors. We are hoping for your support this year; listed below are sponsorship opportunities.

- | | | | |
|------------------------------------|----------|---|---------|
| UPHA Classics | \$500.00 | Stake Trophy | \$60.00 |
| Stake/Championship Class | \$300.00 | Qualifying Trophy and Ribbons | \$50.00 |
| Qualifying Class | \$150.00 | Qualifying Trophy or Ribbons | \$25.00 |
| Co-Sponsor of a Class | \$75.00 | | |

Make checks payable to Midwest Charity Horse Show. Midwest Charity Horse Show Association is a 501(c)(3) organization. P.O. Box 9828, Springfield, IL 62791.

70TH ANNUAL MIDWEST CHARITY HORSE SHOW CLASS SPONSORSHIP

Bill Me List class & date choice 1. _____
 Payment Attached 2. _____

SPONSOR'S NAME
(how to appear in program) _____

Address _____ Phone _____

E-mail address _____

Return to: _____

PROGRAM ADVERTISING CONTRACT FORM

Name of Advertiser _____

Address _____ Phone _____

Contact person: _____ E-mail _____ Phone _____

RATES

- Outside Back Cover or Centerfold: \$500
- Inside Front Cover or Inside Back Cover: \$250
- Full Page: \$125
- Half Page: \$75
- Quarter Page: \$45

AD INSTRUCTIONS

- Ad Attached
- Ad E-mailed
- Same as Last Year
- Bill Advertiser
- Payment Attached

Make checks payable to: MIDWEST CHARITY HORSE SHOW. E-mail advertising to: breezeclassifieds@breezecourier.com

BOX SEAT 2011

Make checks payable to: MIDWEST CHARITY HORSE SHOW.

Set of Box Seats (6) . . \$100 # of Boxes _____ Bill Me Payment Enclosed

Box Seat Holder's Name _____

Address _____ Phone _____

E-mail address _____

How designated on signage _____