

# Sponsorship Contract

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Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone numbers \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

I will participate in the \_\_\_\_\_ level of sponsorship.

Any special instructions or needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Thank you for your sponsorship. Please send your sponsorship contract plus any other information including your logo, ad for program, banners, booth requirements, product and payment to: Kohr Quarter Horses, LLC, Lynn T. Kohr, PO Box 3475, Gillette, WY 82717. Any questions or concerns, please call Lynn Kohr at 307-680-5271.



Dr. Marshall and Lynn Kohr - P.O. Box 3475, Gillette, WY 82717 - 307.680.5271