



**Eastern Ohio Quarter Horses Association Youth Sponsorship  
Form**

Company/ Organization: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

Amount: \_\_\_\_\_

EOQHA Youth's Name: \_\_\_\_\_

**THANK YOU FOR SUPPORTING THE EOQHA YOUTH !!!**