



## Three Gaits, Inc.

3741 State Road 138  
Stoughton, WI 53589

Phone: (608) 877-9086 Fax: (608) 873-1929  
Email: [info@three-gaits.org](mailto:info@three-gaits.org) Web: [three-gaits.org](http://three-gaits.org)  
Facebook: [www.facebook.com/threegaits](http://www.facebook.com/threegaits)

### HORSE SPONSORSHIP FORM

Date: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Period of Sponsorship: \_\_\_\_\_

Amount of Sponsorship: \$ \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

\_\_\_\_\_

Name of Sponsor(s): \_\_\_\_\_

Name of Company if applicable: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Received by (staff member): \_\_\_\_\_

Date: \_\_\_\_\_