



2024 Sponsorship Application

Company Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone number _____

Email Address _____

Sponsorship Level Requested _____

Amount of Sponsorship _____

Species if Applicable _____

Specific Class If Desired _____

Will You be using the Tradeshow Space offered (If Applicable) _____

Will you be exhibiting both weekends _____

Please return this application and your payment to:

Jana Mellott
Sponsorship Chair
1432 Trails End Road
Harrisonville, Pa. 17228
(717) 571-8637