



**34th Annual  
KEY CLASSIC  
Benefit Morgan Horse Show**  
Benefiting EQuest Special Riders  
EVERGREEN EQUESTRIAN PARK  
Monroe, Washington  
May 6-9, 2010

**PROGRAM ADVERTISING RATES**

**PRINTED ADS:**

<b>Inside</b>	Full Page	Image area - 7½ x 10"	.....	\$ 100.00
	Half Page	Image area - 5 x 7½"	.....	\$ 60.00
	Quarter Page	Image area - 3½ x 4¾"	.....	\$ 45.00
<b>Cover</b>	Inside Front Cover	Image area - 7½ x 10"	.....	\$ 150.00
	Inside Back Cover	Image area - 7½ x 10"	.....	\$ 130.00
	Outside Back Cover	Image area - 7½ x 10"	.....	\$ 150.00

*(Please provide appropriate size high quality PDF by e-mail or send disk, address information below)*

**ADVERTISING DEADLINE - APRIL 8, 2010**

*(Payment must accompany advertisement and be received by April 8 to be published.)*

NAME OF ADVERTISER \_\_\_\_\_

Address \_\_\_\_\_

Size of advertisement \_\_\_\_\_ Please attach paper proof copy of ad on separate sheet.

**CLASS SPONSORSHIPS  
SPONSORSHIP DEADLINE - April 8, 2010**

Corporate Sponsorship \$500  
*(Name/company announce 3 times during sponsored session,  
full page camera ready advertisement in program & banner display in arena)*

Championship Sponsorship \$75  
*(Covers the Championship awards)*

Prize Money Sponsorship \$300/\$200/\$100  
*(Sponsor all or part of one \$300 Championship Class)*

Performance/Halter Class \$50  
Sponsorship

Banner Sponsor \$250  
*(Banner displayed in outside vendor areas, not in main arena)*

*(Covers Trophy & Ribbons)*

**Business card ad complimentary with all sponsorships. (Card must be included with Sponsor Form.)**

NAME OF PURSE or CLASS SPONSOR \_\_\_\_\_

*(Print name as you want it to appear in program)*

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

If a class preference, please state choices in order: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY SPONSORSHIP FORM  
Make Checks Payable to: Key Classic Benefit Morgan Horse Show**

Mail to: Susan Edwards  
10707 NE 144th Pl.  
Bothell, WA 98011

(425) 823-2824 or (425) 269-5362

Questions: [sedwards@pilchuckvet.com](mailto:sedwards@pilchuckvet.com)

Key Classic Representative \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_