



2026 SPONSOR FORM

BUSINESS/PERSONAL NAME _____

CONTACT PERSON'S NAME _____

PHONE NUMBER _____

ADDRESS _____

EMAIL _____

SPONSORSHIP AMOUNT: \$ _____

INVOICE REQUESTED: YES NO

EVENT SPONSORING: *(Please check event sponsoring)*

Agricultural Contests *(Specify Contest)* _____

Apple Pie Baking *(Specify Division)* _____

Fall Classic

Grand Ball

Ladies Pomona Brunch

Parade *(Specify Banner or Division)* _____

Royal Gala

Rubies and Rhinestones

Other *(Please Specify)* _____

**PLEASE RETURN COMPLETED FORM AND PAYMENT TO MSAHF AT:
PO Box 1362, Martinsburg, WV 25402 or EMAIL treasurer@msahf.com**



Office Use Only:

Invoice #: _____ Date Sent: _____