PCCHA PARTNERSHIP COMMITMENT FORM

Thank you for partnering with the Pacific Coast Cutting Horse Association.
Please complete this form to confirm your selected partnership and billing preferences.

1 PARTNER INFORMATION

Contact Name: _____

Business / Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Website / Social: _____

2 PARTNERSHIP COMMITMENT

Partnership Level / Opportunity: _____

Show / Program (if applicable): _____

Commitment Amount: $ _____ Partnership Year: _____

By signing below, I confirm this partnership commitment and understand that advertising benefits begin after payment is received and required materials are submitted and approved.

Signature: _____ Date: _____

3 BILLING INFORMATION

Payment Method: (check one)

- ☐ Check Enclosed Check #: _____
- ☐ Send an Invoice
- ☐ Credit Card *Credit card payment instructions will be provided securely.*

Billing Contact: _____

Billing Email: _____

4 PARTNERSHIP ADVERTISING MATERIAL CHECKLIST

☐	**Logo**	AI, EPS or SVG preferred; transparent high-resolution PNG accepted.
☐	**Print Ad**	Print-ready PDF, 300 dpi, with required bleed.
☐	**Digital / Social Artwork**	High-resolution JPG or PNG; size confirmed by PCCHA.
☐	**Webcast Video**	MP4, 1080p, 30 seconds or less unless otherwise agreed.
☐	**Webcast Logo Slate**	1920 x 1080 JPG or PNG.
☐	**Photos**	High-resolution originals with permission to publish.
☐	**Business Details**	Website, social links, contact information and brief description.

All materials must be provided in final formats and print/media ready by the agreed deadline. *Partners needing design assistance may inquire with PCCHA for a list of independent marketing professionals who provide media design and branding services.*

PCCHA PARTNERSHIP CONTACT

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