

Please respond by April 19, 2019

You bet.. Together we can win this race!



Name _____

Organization _____

Address _____

City _____ ST _____ ZIP _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Email _____ @ _____

I look forward to attending Horsin' Around at the Derby for Equestrian Kids!

____ Total number of tickets* (\$100 per ticket) or ____ Table(s) of eight @ \$775.00*

I am unable to attend, but enclosed is my donation to support the event!

Total amount \$ _____

My check, payable to Equest Center for Therapeutic Riding, is enclosed.

Please charge my Visa Mastercard

Credit Card No. _____ Expiration Date ____ / ____

Name on Card _____

Signature _____

All contributions are tax-deductible. The fair market value is \$25.00 per person

_____* Please use reverse side of this card to list your guests

Please register and provide detailed information for all guests.

Name _____
Address _____
City _____ ST _____ ZIP _____
Email _____ @ _____

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