

Sponsorship Reservation Form

Please complete the following:

Company/ Name: _____
(As you would like it to appear in Prize List and for Verbal Recognition)

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Unfortunately we cannot guarantee your choice of Class Sponsorship, first come first serve

- I would like to Sponsor a class at \$100.
- I would like to Sponsor a Division (3 classes.) at \$450.
- I would like to Sponsor a Marshall & Sterling Class at \$300.
- I would like to Sponsor _____ # of Classes at \$250.

Class Sponsor Total: \$ _____

I would like to Sponsor _____ Sponsorship Total: \$ _____

Make checks payable to MMCF/Valerie Center

Please invoice \$ _____ to the address above or Please charge \$ _____ to my Credit Card
(Check card)

Amex MasterCard Visa Discover

Account # _____ Expires: _____

Signature (required to process credit card or invoice) _____

Please mail or fax Sponsorship reservation form to:

Bethie Dayton
Kickin' Childhood Cancer Charity Horse Show
557 Pleasant Plains Road, Stirling,
New Jersey ♦ 07980
Phone 908-507-0653 ♦ Fax (908) 647-3392