



**FRIDAY
SEPTEMBER 6th
5:30-MIDNIGHT
SNOW TRAILS**

YES, Please reserve my Sponsorship:

(Check one)

Table of 8 • \$1,000

Name: _____

Table of 4 • \$500

Email: _____ Phone: _____

Couple • \$250

Company Name: _____ #attending _____

Single
(unassigned seating) • \$125

Address: _____

City: _____ State: _____ Zip: _____

I regret that I can not attend the event. Enclosed is my tax-deductible contribution of \$_____ to support Raemelton Therapeutic Equestrian Center

Method of Payment: cash _____ check _____

Special Request _____

**Please make checks payable to Raemelton Therapeutic Equestrian Center, 569 S. Trimble Rd. Mansfield, Oh 44906 • 419.756.0040
Tickets will be mailed prior to the event. Thank you for your support!**