

**SOUTHERN DELAWARE THERAPEUTIC RIDING  
4TH ANNUAL**

**BARN DANCE**  
**BE A SPONSOR!**



**Sponsorship Level:** \_\_\_\_\_

**I would like to purchase \_\_\_\_\_ additional tickets at \$45 each**

**Check**

**PayPal**

**Charge:**

**Visa**

**MC**

**AMEX**

**Card Number** \_\_\_\_\_ **Exp** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Card Holder** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name as you would like to be recognized:**

**Contact Name & Title** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please contact Jennifer Swingle at 302.542.4352 with any questions or  
email [swinglejennifer@yahoo.com](mailto:swinglejennifer@yahoo.com)**

**Mail this form to SDTR PO Box 219, Nassau, DE 19969 or scan and email to  
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