

**SOUTHERN DELAWARE THERAPEUTIC RIDING
5 TH ANNUAL**

**BARN DANCE
BE A SPONSOR!**



Sponsorship Level: _____

I would like to purchase _____ additional tickets at \$75 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**

**Mail this form to SDTR PO Box 219, Nassau, DE 19969 or scan and email to
swinglejennifer@yahoo.com**