



Sponsorship Form ~

Please have your sponsors complete this form and bring it along to registration

Cash	\$ _____
Checks	\$ _____
Total	\$ _____

The 13th Anniversary Pink Ribbon Ride in the Park. Riders and walkers have raised over \$90,000 in the past twelve years for Breast Cancer patients at Breast Health Services at Lehigh Valley Health Network.

SPONSOR NAME	ADDRESS/Contact Info	AMOUNT

Checks are preferred. Please make checks payable to Bucks County Horse Park.

Name _____ Phone _____
Address _____ City _____ ST ____ Zip _____
Total Amount Pledged: \$ _____
Total Amount brought to registration \$ _____
Total Amount to be collected following the event \$ _____

Help one another fight cancer