RIDE-A-THON SPONSOR /DONATION FORM

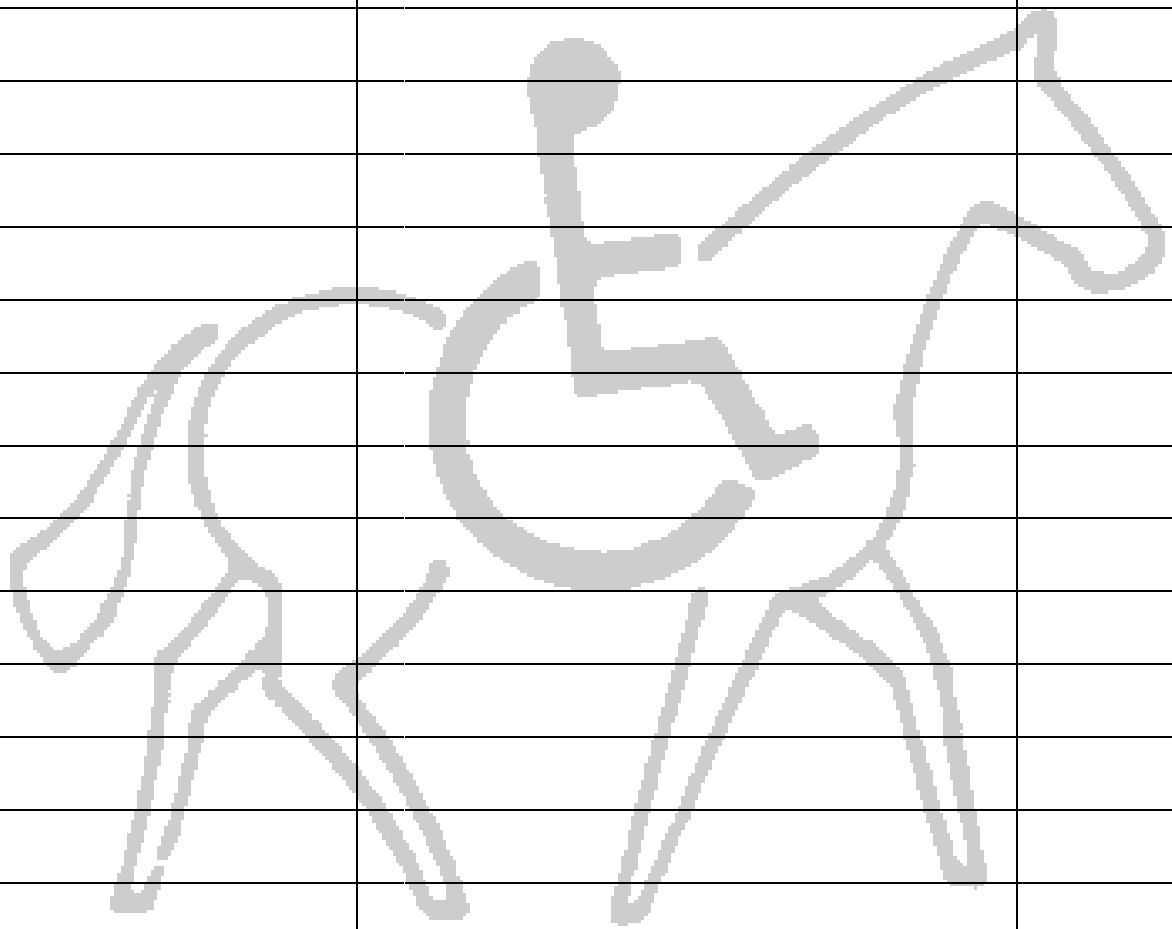
RIDER'S INFORMATION:

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS (inc. city, state, zip): _____

HOME PHONE: _____ D.O.B.:_____ RIDING WITH AN ORGANIZATION? IF SO, WHOM?

SPONSOR'S NAME	ADDRESS:	AMOUNT COLLECTED:



MAKE CHECKS PAYABLE TO: SONRISAS THERAPEUTIC RIDING, PO BOX 1093, SAN ANGELO, TEXAS, 76902

RIDER'S SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE IF RIDER IS UNDER 18: _____

TBLE!!!