Please respond by April 18, 2026

HORSIN' AROUND at the DERBY FOR EQUEST'S RIDERS

Derby Hats, Mint Julefs, and Delicious Cuisine.

You bet! *Together we can win this race!*

Name_____

Organization_____

Address_____

City_____ST__ZIP_____

Phone: ( )_____-_____

Email_____@_____

❑ I look forward to attending *Horsin' Around at the Derby for Equest's Riders*!

____Total number of tickets* ($100 per ticket) or __ Table(s) of eight @ $775.00*

❑ I am unable to attend, but enclosed is my donation to suport the event!

Total amount $ _____

❑ My check, payable to Equest Center for Therapeutic Riding, is enclosed.

❑ Please charge my ❑Visa ❑Mastercard

Credit Card No. _____ Expiration Date ___ / ___ CVV _____

Name on Card _____

Signature _____

All contributions are tax-deductible. The fair market value is $25.00 per person

* Please use reverse side to list your guests

Please register and provide detailed information for all guests.

Name ______________________________
Address ______________________________
City ____________________ ST ______ ZIP ______
Email ____________________ @ ____________

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