

Ticket Registration Form

Register by July 25, 2012 and deduct 20% from your total.

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

| Please <u>check</u> which events you would like to attend: | COST | NUMBER OF TICKETS | TOTAL \$ |
|---|-------|----------------------|----------|
| <input type="checkbox"/> Saturday, One Day Advance Pass August 11 th 9:30am to 5:30pm | \$30 | _____ | \$ _____ |
| <input type="checkbox"/> Sunday, One Day Advance Pass August 12 th 10:00am to 5:00pm | \$30 | _____ | \$ _____ |
| <input type="checkbox"/> GOLDEN Benefactor Two Day VIP Pass and Goodie Bag | \$200 | _____ | \$ _____ |
| <input type="checkbox"/> PLATINUM Benefactor Two Day VIP Pass and Goodie Bag Dinner with Clinicians Sunday Evening Aug. 12 th | \$250 | _____ | \$ _____ |
| <input type="checkbox"/> I cannot attend but would like to make a donation | | | \$ _____ |
| TOTAL \$ | | | _____ |

Deduct 20% if registering before 7/25/2012 \$ _____

MAKE CHECKS PAYABLE TO:
The Horse Rescue Fund
C/O Nancy L. Jones
PMB 253 65-1158 Mamalahoa Hwy., #8A
Kamuela, HI 96743

Tickets will be sent by return mail. Tickets are tax-deductible and non-refundable