

NIGHT AT THE RACES HORSE SPONSOR

Name _____

Email Address _____

Phone Number: _____

HORSE NAME: _____

Number of Horses Sponsored ____ X \$20.00 _____

Please make checks payable to GCPES

SEND PAYMENT TO:

GCPES, C/O Brian Reardon
7496 Truman Ct.
Mentor, OH, 44060

DUE DATE: SATURDAY, APRIL 1, 2017