RSVP Riders Awards Luncheon

Please reserve your seats by December 5, 2017

☐ Yes, I will be attending the luncheon.

Please reserve Adult _____ at $ 80 each = _____
Child _____ at $ 40 each = _____
Table of 10 _____ at $800 each = _____
Total = _____

Please indicate your menu selection and quantity of each below.

_____ ***Adult*** 4 Course Holiday Turkey _____ ***Child*** Chicken Fingers

_____ ***Adult*** Veggi-Baked Mushroom _____ ***Child*** Spaghetti

(All children 12 and under must order a child's meal)

We wish to be seated with: *(Additional guests at your table use back of card)*

_____

☐ I can not attend. Please accept my donation of $_____

Please charge my VISA ☐ MASTERCARD ☐ AMEX ☐
Or pay online with PayPal at ***www.pegasusridingacademy.org***

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME _____

EMAIL ADDRESS _____

PHONE _____

BILLING ADDRESS _____

CITY, STATE, ZIP CODE _____

SIGNATURE _____

Securely fax credit card payments to Pegasus Therapeutic Riding at 760-345-7176 or return in the enclosed envelope. Please make checks payable to *Pegasus Therapeutic Riding*. For questions call Curtiss at 760-578-3937 or send to curtiss@pegasusridingacademy.com. ***Pegasus Therapeutic Riding*** *is a 501(c)(3) non-profit organization, Federal Tax ID #95-3774003. The deductible portion of your ticket price is $50 per Adult ticket and $15 per Child ticket.*