

RIDE FOR THE CURE
August 19th, 2009
Amberlea Meadows



A WAY TO HELP

This is a special class: it is non-rated...it is not judged...it is just fun with the goal of contributing to funding the needs of the **Canadian Breast Cancer Foundation – Prairies/NWT Region**. All the class fees will go directly to the Region.

- ELIGIBILITY:** Open to all horse and rider combinations.
THE TEST: Your test of choice (T.O.C.), or a Pas de Deux, a Quadrille, or any musical ride.
TIME ALLOWED: Maximum of 5 minutes.
DRESS: **The horse(s) and/or rider(s) must wear something PINK. Tasteful costumes are permitted.**
FEE: \$50.00 per rider or group. This is to be a separate cheque made out to the Canadian Breast Cancer Foundation; a tax receipt will be provided by the Foundation upon receipt of the cheque. As this is a donation, there will be no refund, even if you do not perform. Our goal is \$50.00 per rider in pledges with each group.
ENTRIES: Are limited, due to time available. Preference will be given to Pas de Deux, Quadrille and Musical Ride entries, on a first-come basis.
MUSIC: Your music must be recorded on a CD, labeled with RIDE FOR THE CURE, your name(s), the name(s) of the horse(s), and “start-cue” instructions.
RIDING TIME: Wednesday p.m. Ride times will be scheduled.
ENTRY FORM: Please attach entry form with your cheque and mail it to:
Marilyn Kristjanson
5816 – 141 St
Edmonton AB T6H 4A4

PLEDGE FORM: Please collect pledges and bring the pledge form and payments to the show.

JUST A DONATION? If you don't wish to ride, but would like to make a contribution, you can choose *any* amount to be included in our RIDE FOR THE CURE donation or maybe help fund a group Quadrille?

RIDE FOR THE CURE
ENTRY FORM

TYPE OF RIDE: T.O.C. (describe)

Pas de Deux

Quadrille

Musical Ride

LIST THE RIDER(S) WITH NAME(S) OF HORSE(S) :

Chief or Contact Rider of a Group:

Contact Information:

Canadian Breast Cancer Foundation - Alberta/NT Chapter - Pledge Form



Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Email: _____

PLEASE PRINT CLEARLY

| Donor Name | Complete Mailing Address | City | Province | Postal Code | Telephone | \$ Pledge | Paid |
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| TOTAL | | | | | | | |

Please make cheques payable to Canadian Breast Cancer Foundation

Tax receipts are only issued for donations of \$20.00 or more.
 Pledger's name & address must be complete and legible.

Please bring your pledge form and all donations to the day of the event.