

## THE DRESSAGE FOUNDATION Benefit Class

<b>Sponsoring Organ</b>	ization:
Contact Person: _	
Phone:	
Fax:	
Email:	
Date of Event:	
<b>Location of event:</b>	
Please check item/	wanted:
Ribbons 1 <sup>st</sup> thru 6	th place ONLY: (Suggested Donation Amount: \$250)
Ribbons 1-6th pla	ce, AND Clock: (Suggested Donation Amount: \$350)
Inscription for clo Class (i.e. C	ck: Grand Prix, Training etc):
Place (i.e. c	hampion, first etc):
	UPS to arrive at least a week before the event. We need a street address, eliver to a P.O. Box number!
Ship to:	NAME:
	ADDRESS:
	CITY:
	STATE:ZIP:

Please return completed Benefit Class information to: The Dressage Foundation 1314 'O' Street, Suite 305 Lincoln, NE 68508