

16th ANNUAL NCEFT

Poker Ride & Pledge Challenge

SATURDAY JULY 17, 2010

REGISTRATION OPENS AT 8:00 AM ♥ BAR B' QUE & PRIZES AT 12:30 PM

**Mounted Patrol of San Mateo County, 521 Kings Mountain Road,
Woodside, CA**

**SADDLE UP AND TAKE A BEAUTIFUL AND FUN RIDE THROUGH HUDDART
PARK. HELP REIN IN CRITICAL SUPPORT AND CHANGE THE LIVES OF
CHILDREN AND ADULTS WITH SPECIAL NEEDS!**

The Challenge

Ride alone, or with your riding club, association, barn, and/or trail buddies and raise support for NCEFT programs. The top pledge-raising team will be awarded the NCEFT Challenge Trophy—yours to keep until the following year! Other fun prizes will be awarded to top fundraisers, and the top poker hands! (No gambling involved.)

Raise funds in tribute to a loved one, an NCEFT patient, therapy horse, or any individual or group you would like to honor with your participation in the Poker Ride and Pledge Challenge.

All riders will receive:

- ❖ A Poker Ride T-shirt
- ❖ Refreshments along the trail
- ❖ Bar b' que lunch at 12:30 pm
- ❖ Raffle tickets for fun **prizes**



**ALL RIDERS MUST HAVE A MINIMUM OF \$50 IN TOTAL PLEDGES OR
REGISTRATION FEE IN ORDER TO PARTICIPATE.**

ENTRY AND PLEDGE FORMS DUE BY JULY 2, 2010

**CONTACT MARIE FOX AT (650) 851-2271 EXT. 7# OR MARIE@NCEFT.ORG
880 Runnymede Road, Woodside, CA 94062
Phone: 650-851-2271 x7# ■ Fax: 650-851-3480**

16th ANNUAL
Poker Ride & Pledge Challenge
SATURDAY JULY 17, 2010

RIDER REGISTRATION AND
PLEDGE FORM

Registration Opens at 8:00 am
Bar b' que at 12:30 pm

MOUNTED PATROL OF SAN MATEO CNTY
521 KINGS MOUNTAIN ROAD, WOODSIDE

Minimum Pledge→\$50 – Cash, or checks *made payable to NCEFT*. Or, go online and pay at www.nceft.org. All riders receive a T-shirt, refreshments, bar b' que lunch, and raffle tickets for fun prizes.

SELECT TRAIL LENGTH
START TIMES

11 mile ride starts at 9:00 am _____

7 mile ride starts at 10:00 am _____

4 mile ride starts at 10:30 am _____

PRIZES FOR
TOP PLEDGE
RAISERS!

Registration/Consent (*please print clearly*)

Rider's Name: _____ Horse's Name _____

Mailing Address: _____

City/State/Zip: _____ Email: _____

Phone: _____ Age Division (circle one) 18 & under / 19-40 / 41-55 / 56 & over

I am riding with (team, club, etc.) _____

I understand that neither the National Center for Equine Facilitated Therapy nor its Directors and/or its staff, accepts any responsibility for accidents, damage, injury, death, or illness to the riders, horses, owners, sponsors, agents, spectators or any other person or property owner in connection with this special event.

Participant's Signature: _____ Parent/Guardian Signature: _____



I am riding/raising pledges in honor of:

(Name of patient, therapy horse, other name)

I will be riding/raising pledges for **THE BARB HEINE FUND** (*scholarships*)

I will not be riding but wish to contribute to NCEFT

Mother, horseback rider, trainer, physical therapist, educator, director, volunteer, accomplished professional, and generous spirit. All these words and more describe Barb Heine, the former executive director, board president, and heart of the National Center for Equine Facilitated Therapy. The Barb Heine Fund provides scholarships to families who require assistance funding equine-assisted therapy for their children. The fund is in memory of Barb, whose contributions to Hippotherapy and the community are immeasurable.



POKER RIDE PLEDGE FORM

MINIMUM CONTRIBUTION OF \$50 PER RIDER.
 Pledges support program, horse and facility needs,
 and scholarships for NCEFT. Donors will receive
 acknowledgment for their pledges. Please contact
 Marie Fox at (650) 851-2271 ext. 7# or
marie@nceft.org for additional information.

**RIDER/TEAM
NAME** _____

PLEASE PRINT ALL INFORMATION CLEARLY. ALL COLUMNS MUST BE COMPLETED

<u>SPONSOR NAME</u>	<u>ADDRESS</u>	<u>CITY & ZIP</u>	<u>Pledged Amount</u>	<u>Amount Collected</u>	<u>Cash or Check</u>

(PLEASE ADD ADDITIONAL NAMES ON SEPARATE SHEET)

TOTAL PLEDGES \$ _____
 AMOUNT ENCLOSED \$ _____



BILLING

PLEDGES SUBTOTAL (THIS
PAGE ONLY)
 \$ _____

INFORMATION

- I am enclosing my sponsorship check (s) with this completed pledge form.
(Please make checks payable to NCEFT)
- Please charge my Visa MasterCard American Express
- I have made my contribution online at www.nceft.org.

Name on Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____



For Office Use Only:
 Total Received: Cash \$ _____ Checks \$ _____ Balance Outstanding \$ _____

