



**Knight at the Races**  
**Souvenir Program Advertising Order Form**  
*Advertisements ♦ Race Sponsorships ♦ Horses*



For the benefit of the **St. Augustine Summer Rainbow Camp Program**  
*All proceeds go directly to the program*

**Where:** St. Clarence Church ▪ 30106 Lorain Rd., North Olmsted, OH **In the MAIN HALL**  
**When:** Saturday, March 28<sup>th</sup>, 2020 ▪ Doors open at 6:00pm ▶ races start at 7:15pm  
**Why:** To fund a summer program that services the social needs of children with or without disabilities.  
**What:** The event will feature video horse racing with wagering on the results. There will be an auction of horses for the 10<sup>th</sup> race. There will be side boards too. **GREAT FOOD**, Beer and wash included (BYOB)

**Admission Tickets are \$20 in advance & \$25 at the door**

**Number of Tickets:** \_\_\_\_\_ @ \$20 per ticket = \$ \_\_\_\_\_

▶ **PLEASE NOTE:** Use *one form* for each ad, race sponsor, horse sponsor or, patron listing  
*Please check type of ad you are ordering*

**1) Program Advertisement:**

- Full page: 3.5" X 10" \$90.00       Half page: 3.5" X 5" \$50.00  
 Quarter page (business card) 3.5" X 2" \$30.00

Please send *clean, black and white art* with this order form or e-mail art to: [bgoellner@hdsideas.com](mailto:bgoellner@hdsideas.com)

- Camera ready art enclosed at correct size  
 Please prepare my ad (attach a *legible* printed or typewritten copy and logo if desired)  
 Business Card enclosed       Use last year's ad

**2) Race Sponsor:** includes name at the top of the page and ad at bottom

\$100.00 Sponsor name: \_\_\_\_\_

**3) Horse Sponsor:** name of horse \_\_\_\_\_

*(Additional Horses can be listed on back of this page)*

\$20.00 per horse      Race# \_\_\_\_\_ *(races assigned on first come basis)*

**4) Patron Listing:**  \$10.00 name: \_\_\_\_\_

**◀Deadline: March 18, 2020▶**

• Please make checks payable to: **Knights of Columbus # 4731**  
 Send to: Bill Goellner ▪ 29881 Wellington Dr. ▪ N. Olmsted, OH 44070

Your name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Go to [www.kofc4731.org](http://www.kofc4731.org) for more information**

**Total Amount Enclosed:** \$ \_\_\_\_\_

**For Office Use Only**

Paid Cash       Paid Ck # \_\_\_\_\_

**Questions: call Bill @ 216-408-7347**