

Kickin' Childhood Cancer Horse Show Come One, Come All to the Red Oak Farm First Annual

JUMP-A-THON

All riders are invited to join Red Oak Farm on November 5, 2017 for the start of the first annual Jump-a-Thon to help use their equestrian talents and skills to raise money to fight childhood cancer and blood disorders. This is an amazing way to allow kids to help other kids by letting them use their athletic skills in the show ring.

Any rider interested will seek donations toward the jumps they jump in their respective divisions. There are about 24 jumps per division. Riders will seek donations for each jump they jump that will go to The Valerie Fund Center at Unterberg Children's hospital at Monmouth Medical Center. The rider with the total highest donations will not only receive bragging rights, they will be awarded a specially designed shirt from Autumn Elizabeth Apperal and \$100 from Red Oak Farm!!

All participating riders can obtain the Jump-a-Thon donation form, either on the Red Oak Farm website or through their trainers. On the day of the show, please bring all forms and donations in a clearly marked envelope so you will get credit for your donations. The rider with the highest donations will be announced at 3:00pm the day of the horse show.

Good luck to all participating and thank you in advance for helping this amazing cause.

RED OAK FARM

557 Pleasant Plains Road Stirling NJ, 07980 For more information call: 908-507-0653

RED OAK FARM KICKIN' CHILDHOOD CANCER CHARITY HORSE SHOW

TO BENEFIT THE VALERIE FUND CENTER

JUMP-A-THON DONATION FORM

Conta	ict:		
City:		State:	Zip:
Phone:		Cell:	Fax:
E-ma	il address:		
	tion values b show divisi	pased upon the rider jumping GIVE (on:	OR TAKE 24 jumps in his or he
0	\$1.00	per each jump @ 24 jumps =	\$24.00
0	\$2.00	per each jump @ 24 jumps =	\$48.00
0	\$5.00	per each jump @ 24 jumps =	\$120.00
0	\$10.00	per each jump @ 24 jumps =	\$240.00
0	Other		\$
0	CASH		
0	CHECKS made payable to MMCF/Valerie Center		
0	CREDIT CARD (circle one: Amex MasterCard Visa Discover) Name as it appears on card: Card Number: Expiration Date:		
	CVC Code:BILLING ZIP CODE Signature:		