				Address City					Zip	
	I WOULD LIKE TO RECI	EIVE A CHE	ECK FOR TH	ie total	AMOUNT OF M	IY WINNINGS				
	<u>(</u> Member's Nan							se print clearly!)		
	Item Description			Size	Item Color	Thread Color	Left Chest	Full Back	\$ Amount	
1									\$	
2									\$	
3									\$	
			<u>'</u>				TO	TAL EMBROIDERY	\$	
	Member's Nan					<u>S EQUINE</u> : (F Horse Nam	•	clearly!)		
	ltem	Size	Color	Ride	er/Handler Name	e Ho	orse's Name		Class Name (Plaques/Trophies Only)	
										\$
										\$
										\$
										\$
										\$
THIS ORDER IS DUE BY DECEMBER 7TH, 2018 - NO EXCEPTIONS!								Amount from All 1	Things Eq.	\$
	Call Mail or eMail Order to	o Kathy lok	nnson <sub>-</sub> 577	Mt Marial	n Road Covingt	on 3001/		Amount from Em	nhroidery	\$
678-873-3019 (Cell) Johnson7156@bellsouth.net								Total Amount	ibioldery	\$
ala	ance ordered cannot exceed \$20	beyond the to	tal winnings ea	rned unless	approved - payment	for amount over	with	Award Amount Ear	ned I	\$
er - your order will not be placed and you will receive a check for you awards - no exceptions!								Balance < Neg> or Positive \$		
_	I have included a check for \$ to cover the balance due above the amount of my winnings. I would like a check for \$ the balance remaining after my awards (MUST BE GREATER THAN \$5.00)									*
	I would like to apply the b	alance of my w	vinnings to the I	Newton Cou	nty Special Olympic	s Equestrian Team				
	_ I will not be able to attend	I the banquet.			will	be picking up my av	vards for me.	OUR AWARDS FOR YOU		