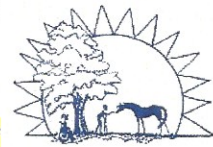


9th Annual Andrew Sweet Memorial Stroll & Roll

Sponsor Log



PARTICIPANT NAME \_\_\_\_\_

**\*\*Please print\*\***

	SPONSOR NAME	ADDRESS	PHONE	AMOUNT \$	TYPE Cash - Check - PayPal
1					
2					
3					
4					
5					
6					
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26					
27					

Donation Total: \$ \_\_\_\_\_



The **Eos** 9th Annual Andrew Sweet Memorial Stroll & Roll 2019

The **Eos** 9th Annual Andrew Sweet Memorial Stroll & Roll is a fundraising fun walk event (walk, run or roll in a wheelchair) to benefit **Eos** Therapeutic Riding Center. **Eos** Therapeutic Riding Center is a Non-profit organization providing therapeutic horseback riding to children and adults with special needs and Veterans.

When: Sunday, June 2 , 2019  
Registration: 12:30 - 1:00 pm  
Stroll & Roll Event: 1:00 - 3:30 pm  
Where: The Columbia Mall, Bloomsburg

T-Shirts will be provided for all participants registered on or before May 17th, 2019. Please email or call Eos.

Participant Entry Fee: \$ 25.00 (add \$3 if you are requesting a T-shirt in XXL)

Make checks payable to: **Eos** Therapeutic Riding Center

Return registration to **Eos** or mail to: **Eos** Therapeutic Riding Center, 288 Dahl Road, Bloomsburg, PA 17815  
more information, call: 570-784-5818 or email [eostrc@gmail.com](mailto:eostrc@gmail.com) website [www.eostrc.org](http://www.eostrc.org)

This event will occur **Rain or Shine** - The walk will be inside pending weather.

Sponsors may donate directly to the participant or may donate via the PayPal button on the **Eos** website.

All sponsors need to be recorded on the attached Sponsor Log Sheet (even if via PayPal).

Additional Registration forms and Sponsor Log sheets may be printed from the **Eos** website.

Refreshments and bottled water will be provided.



\*\*\*\*\*Detach Here\*\*\*\*\*

**Eos** 9th Annual Andrew Sweet Memorial Stroll & Roll Event 2019

Registration and Release form

In consideration of this entry being accepted, I, intending to be legally bound, waive and release any and all rights and claims for injuries that may occur at this event, against the organization holding the event, or any of the event staff.

NAME \_\_\_\_\_

Childs T-Shirt S (8-10) M (12-14) L (14-16)

STREET \_\_\_\_\_

T-SHIRT SIZE S M L XL XXL

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE OF PARTICIPANT \_\_\_\_\_

e-mail address \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN if under 18 \_\_\_\_\_