



JOIN US FOR OUR 12TH ANNUAL BOWL-A-THON ON FEBRUARY 14TH, 2015

Horses with Heart is a nonprofit dedicated to providing a safe and enjoyable equine experience for people with physical, mental and emotional disabilities.

WHEN: Saturday, February 14th, 2015

WHERE: Antelope Lanes
6301 E. 2nd St., Prescott Valley

HOW: Check-in at 9:00 a.m.
(Check-in at 12:00 p.m. if afternoon bowling.)
Bowling from 10:00 a.m.—12:00 p.m.

or from 12:30 p.m.—2:30 p.m. (P.M. session only if a.m. is filled)

COST: \$30 ea. person which includes 2 games, shoes and event T-Shirt

DETAILS: Space is limited to 4 people per lane on 24 lanes. We can help you form a team if you don't already have one. There will be two prize categories for the most money raised through pledges (18 yrs. old & younger and 19 yrs. old & above). There will be several Raffle items.

YOUR GOAL: Raise as much money as possible for Horses with Heart. Start collecting pledges now. Ask your family, friends and neighbors to make a pledge to partner with HwH to help transform the lives of children, adults and Veterans in our Community.

The money raised will support our riding programs through our scholarship fund:

Therapeutic Riding Lesson Fees are as follows (*subject to change*):

- ♥ \$45 per group lesson / \$60 private
- ♥ \$270 for one session (6 group lessons) / \$360 private
- ♥ \$540 for two sessions (12 group lessons) / \$720 private
- ♥ \$810 for three sessions (18 group lessons) / \$1080 private
- ♥ \$1080 for four sessions (24 group lessons—all year) / \$1440 private

Special Olympics Fund

- ♥ \$400 per session / \$800 per year (2 sessions per year)

Happy Trails Horse Experience Fund

- ♥ \$60 per day / \$150 per 3 day experience (Happy Trails is offered for 2 three-day sessions)

**All donations to Horses with H.E.A.R.T., Inc. (EIN 89-0735678) and a portion of your bowler registration fee are tax deductible according to the Internal Revenue Service statutes for a 501(c)(3) non-profit corporation.*



**PLAN TO PARTICIPATE WITH THE NONPROFIT
WITH HEART!**



Horses with Heart P.O. Box 2427 Chino Valley, AZ 86323

12th ANNUAL BOWL-A-THON
BOWLER REGISTRATION FORM

Please complete by **January 21st, 2015**
and mail with payment to:
HwH Bowl-A-Thon, P.O. Box 2427, Chino Valley, AZ 86323
Please make checks payable to: **Horses with Heart**

Name: _____ Date: _____

Mailing Address: (Street, City, Zip): _____

Phone: _____ email: _____

Please Circle: Adult / Youth

Do you have a team of 4 people? Yes ____ No ____ (If no, we will be happy to place you on a team on the day of the event.)

Team Name: _____

Other People on your Team: *Note: **Each person needs to submit their own registration form.**

SESSION PREFERRED: _____ Circle one

⇒ Morning or Afternoon session preferred: (am / pm). (There will **ONLY** be a p.m. session if a.m. session is filled.)

EVENT T-SHIRTS: If registering to bowl, event T-shirts are included with registration fee.
(If January 21st registration deadline is not met, an event shirt cannot be guaranteed.)

⇒ Please circle T-shirt size : Youth S Adult (Men's sizes) S M L XL XXL

DONATION ONLY

I am not bowling and I would like to donate \$ _____

(Please make checks payable to Horses with H.E.A.R.T., Inc.)

Name: _____ Date: _____

Mailing Address: (Street, City, Zip): _____

Phone: _____ email: _____

Below asterisks for HwH use only.

Registration Fee Paid \$ _____ Check No. _____ Cash _____

Donation \$ _____ Check No. _____ Cash _____

Verified by _____



PLEDGE FORM

♥ Receipts for pledges (of \$10 or more) will be mailed after the event. Please make all checks payable to: **Horses with Heart**

♥ Start collecting Pledges now. On the day of the event, please turn in the pledge money collected. Designate the fund you wish to support (if not specified the funds will go toward the HwH General Operating Fund).

PLEDGE INFORMATION *Please print legibly.*

	Name	Pledge Amount	Check # or Cash
	Mailing Address		
	City, State, Zip		
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

DATE: _____

PAGE TOTAL COLLECTED \$ _____



THANK YOU FOR YOUR SUPPORT!



“Where disabilities become possibilities”

*****Please use this form only. It may be duplicated for your use.
Form is also available on website www.horseswithheart.org.*****



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	Name	Pledge Amount	Check # or Cash
	Mailing Address		
	City, State, Zip		
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

DATE: _____

PAGE TOTAL COLLECTED \$ _____

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