



HIGHHOPEES

Horses and Humans Improving Lives

MAY 20-31, 2024

HIGHHOPEES™



SHOW PATRON \$500

4.5" (w) x 7" (h)

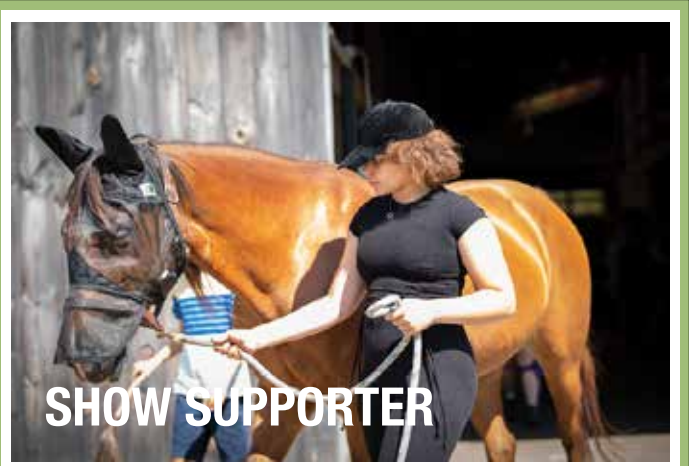
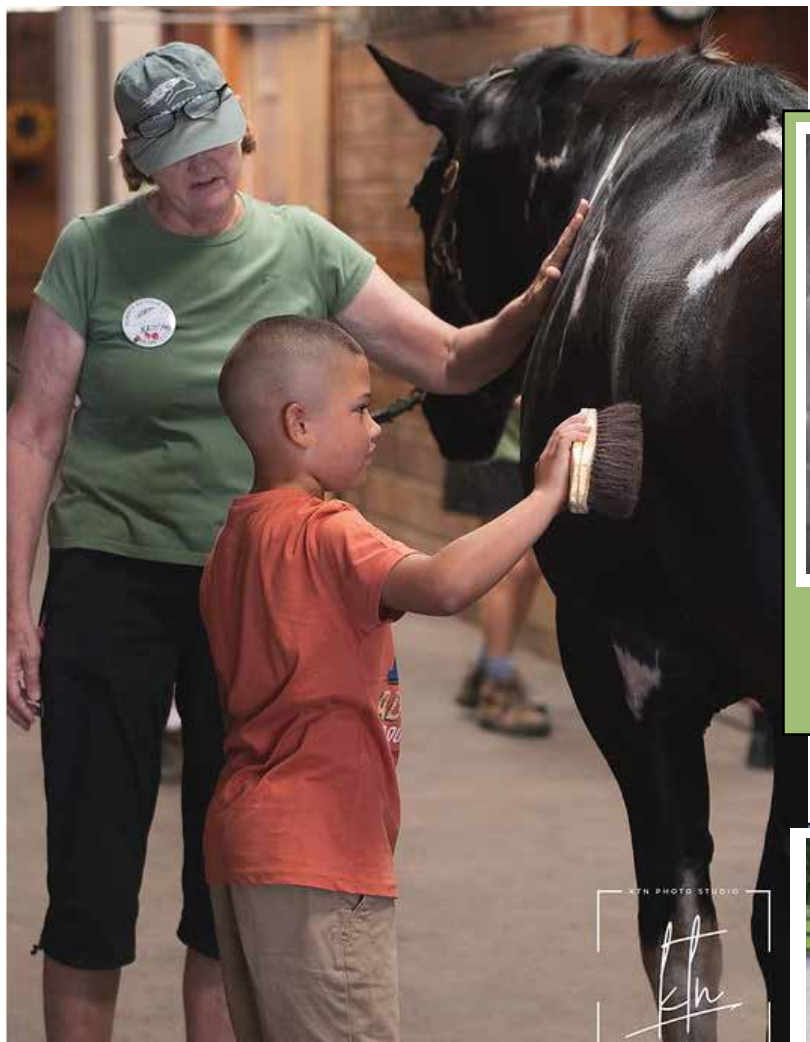
your favorite photograph and personal message or business name & logo and an additional logo with link and shout-outs on social media

SHOW SPONSOR \$250

4.5" (w) x 7" (h)

your favorite photograph and personal message to your participant, volunteer, teacher and horse

DEADLINE: MAY 1 2024



SHOW SUPPORTER

\$100 1/2 page advert 4.5" (w) x 4" (h)

FULL COLOR lots of room for your favorite photograph and personal message to participant, horse, and/or volunteer

DEADLINE: May 1, 2024

SHOW FRIEND



\$50

1/4 page advert 4.5" (w) x 2" (h) FULL COLOR your favorite photograph and short personal message

IF YOU WISH TO PROVIDE YOUR OWN ARTWORK OR PHOTO OR IF YOU HAVE QUESTIONS, PLEASE EMAIL:

EROLISON@HIGHHOPESTR.ORG

36 Town Woods Road, Old Lyme, CT 06371

\$25

CLASS FRIEND

Short personal message (no photo)



HIGHHOPES
Horses and Humans Improving Lives

MAY 20-31, 2024

I would like to show my support for High Hopes participants with some words of encouragement.

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SHOW PATRON

\$500

full page 4.5" (w) x 7" (h)
your favorite photograph and personal message or business name & logo and an additional logo with link and shout-outs on social media

SHOW SPONSOR

\$250

full page 4.5" (w) x 7" (h)
your favorite photograph and personal message to your participant, volunteer, teacher and horse

SHOW SUPPORTER

\$100

1/2 page 4.5" (w) x 4" (h)
lots of room for your favorite photograph and personal message to participant, horse and/or volunteers

SHOW FRIEND

\$50

1/4 page 4.5" (w) x 2" (h)
your favorite photograph and short personal message

CLASS SPONSOR

\$25

Short Personal Message

Please check the box by your preferred level of support. Enclosed is my check, made payable to **High Hopes Therapeutic Riding, Inc.**

in the amount of: _____

Or please charge my credit card:

VISA MASTERCARD AMEX DISCOVER

NAME ON CARD (please print)

EXP. _____ CVC _____

CARD NUMBER _____

SIGNATURE _____

Personal Message:

PLEASE DROP IN THE PAYMENT BOX or MAIL TO:

Audra Chmiel, High Hopes Therapeutic Riding Inc.
36 Town Woods Road, Old Lyme, CT 06371
Email photographs to: erolison@highhopestr.org

To Register Online, go to <https://highhopestr.org/horse-show-days/>