

Pink Ribbon Ride in the Park
To Benefit
Breast Health Services at
Lehigh Valley Health Network

Registration Form



Sponsorship forms, money and donations may be brought to registration.

Name: _____

Address: _____

Phone: _____

Email: _____

Trail Team: _____

Sponsorship Amount (\$50 recommended): _____

Make checks payable to: Bucks County Horse Park

Thank you gift for all participants raising recommended sponsorship.

Most Pinked Out Award – Come get your photo taken to be judged! Results announced at 1 PM

Trail Please check :

☐ Riding ☐ Running/Walking ☐ Dog Walking

Are you a survivor? Are you riding in memory of, or in support of a survivor?

Name _____

Disclaimer:

Neither the Pink Ribbon Ride in the Park nor Bucks County Horse Park, nor the Lehigh Valley Health Network is, or will be responsible for any injury or loss of property to any person suffered while attending, riding, or in any way involved in the Pink Ribbon Ride in the Park for any reason, whatsoever, including ordinary negligence on the part of the Pink Ribbon Ride in the Park, its officers, agents or volunteers. **YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.**

I also understand that the landowners receive no part of the fees charged for this event and that they are not paid by the Pink Ribbon Ride in the Park for use of their land.

Rider's Name

Parent/Guardian

Mail: Bucks County Horse Park
PO Box 386
Revere PA 18953
Web: www.BucksCountyHorsePark.org
Email: office@BucksCountyHorsePark.org
Phone: 610 847 8597

Help one another fight cancer



Sponsorship Form

Please complete this form and bring it along to registration

Cash \$ _____

Checks \$ _____

Total \$ _____

Help ensure the 21st Pink Ribbon Ride in the Park is a success. Riders and walkers have raised over \$165,000 in the past twenty years for the Pink Ribbon Fund at Lehigh Valley Health Network.

SPONSOR NAME	ADDRESS/Contact Info	AMOUNT

Checks are preferred. Please make checks payable to Bucks County Horse Park.

Name _____ Phone _____

Address _____ City _____ ST ____ Zip _____

Total Amount Pledged: \$ _____

Total Amount brought to registration \$ _____

Total Amount to be collected following the event \$ _____

Help one another fight cancer