

Saddlebred Gala Ticket and Seating Reservations

Reservation Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

____ I wish to purchase individual seats (____ Number of seats @ \$95 a ticket)

____ I wish to purchase a full table of 10 seats

____ I am a recipient of an annual award and have two complimentary tickets

____ Please place me with the people listed below

____ We wish to be seated with the Youth Group _____

____ Please place me at an available table

Please list the people with whom you plan to sit

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Make checks payable to ASHA

Card Number _____ Exp. Date _____

Signature _____

Total amount enclosed: _____ Please mail list to ASHA, 4083 Iron Works Parkway,
Lexington, KY 40511 or fax to (859) 259-1628 or email to k.adams@asha.net.