



# Named Race Reservation Form

2008 Sonoma County Fair

Racing Dates: July 23—August 4 No Racing July 29

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Address (street, town, zipcode): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## NAMED RACE SPONSORSHIP

**\$ 450.00**

The Named Race Sponsorship includes 30 fair admission passes, 30 reserved racing grandstand seats, your sponsor name in the racing program, and your sponsor name announced by racetrack announcer before and after the race.

Upon completion of the race, a maximum of six people from your group will be admitted to the Winner's Circle platform to be photographed with the winning horse, jockey, owner and trainer. To participate in this photo opportunity, you must check in with the Winner's Circle attendant prior to the post time of your race.

### Please sign me up for the a race on one of the following days:

1<sup>st</sup> Choice : \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Racing starts on Wednesday, July 23 and continues through Monday, August 4. There is no racing on Tuesday, July 29. We will do our best to give you a race on your preferred day, but weekends tend to go quickly, so make sure one of your alternatives is a weekday. You will be contacted within two weeks of receipt of payment with a confirmation of the date your race will be run. Last year's sponsors have the first right of refusal, but we will do the best we can for you. The sooner you pay, the more likely you are to receive your first choice.

**TO RESERVE YOUR RACE** -- Return this form with your payment as soon as possible. Your payment must be received no later than May 8 to get the best possible race on your choice of days.

## 2008 SONOMA COUNTY FAIR NAMED RACE PAYMENT

|                           |               |
|---------------------------|---------------|
| -----Office Use Only----- |               |
| Rect. # _____             | Date _____    |
| Amount: _____             | #Races: _____ |

PAYMENT METHOD:  Check  Money Order  Discover  Master Card  Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_  
(Last 3 digits of the number printed on back of card.)

Address as it appears on your billing statement: \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Race: \_\_\_\_\_

What you would like to name your race? Please print clearly.

Mail Payment To: Sonoma County Fair P.O. Box 1536 Santa Rosa, CA 95402 **PAYMENT DEADLINE: May 8**