Name _____ Address _____ City _____ Zip _____

Phone Number _____ Email Address _____

☐ I WOULD LIKE TO RECEIVE A CHECK FOR THE TOTAL AMOUNT OF MY WINNINGS

## ORDER FORM FOR GOT ME IN STITCHES EMBROIDERY: (Please print clearly!)

Member's Name _____ Horse Name _____

| Halters: SIZE: | Colors | | | Snap | Adjustable | |
|---|---|---|---|---|---|---|
| 13 Characters for Near-Side Cheek | Base | Overlay | Thread | +$1.50 | +$3.00 | Total (each) |
| | | | | ☐ | ☐ | |
| | | | | ☐ | ☐ | |
| **Leads:** | **Color 1** | **Color 2** | **Color 3** | | | |
| | | | | | | |
| | | | | | | |
| **Quilted Products** | | | | | | |
| **Monogram Instructions:** | **Main** | **Trim** | **Thread** | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Total Whitehorse: | 0 |

## ORDER FORM FOR GOT ME IN STITCHES EMBROIDERY: (Please print clearly!)

Member's Name _____ Horse Name _____

| Item Description | Size | Item Color | Thread Color | Left Chest | Full Back | $ Amount |
|---|---|---|---|---|---|---|
| 1 | | | | ☐ | ☐ | $ |
| 2 | | | | ☐ | ☐ | $ |
| 3 | | | | ☐ | ☐ | $ |
| | | | | | TOTAL EMBROIDERY | $ |

## ORDER FORM FOR ALL THINGS EQUINE: (Please print clearly!)

Member's Name _____ Horse Name _____

| | Item | Size | Color | Rider/Handler Name | Horse's Name | Class Name (Plaques/Trophies Only) | Award Price |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | $ |
| 2 | | | | | | | $ |
| 3 | | | | | | | $ |
| 4 | | | | | | | $ |
| 5 | | | | | | | $ |

THIS ORDER IS DUE BY NOVEMBER 20TH, 2017 - NO EXCEPTIONS!
You can fill this order form in on Adobe Acrobat Reader, re-save with your name and email

Call, Mail or eMail Order to: Kathy Johnson - 577 Mt. Mariah Road, Covington 30014
678-873-3019 (Cell) Johnson7156@bellsouth.net
Be sure you indicate any spelling that is incorrect!

| | |
|---|---|
| Amount from All Things Eq. | $ |
| Amount from Whitehorse | $ |
| Amount from Embroidery | $ |
| Total Amount | $ |

**Balance ordered cannot exceed $20 beyond the total winnings earned unless approved - payment for amount over amount earned MUST accompany this order form. If payment for overage or outstanding debt to NCSC is not received with order - your order will not be placed and you will receive a check for you awards - no exceptions!

| | |
|---|---|
| Award Amount Earned | $ |
| Balance <Neg> or Positive | $ |

☐ I have included a check for $_____ to cover the balance due above the amount of my winnings.

☐ I would like a check for $_____ - the balance remaining after my awards (MUST BE GREATER THAN $5.00)

☐ I would like to apply the balance of my winnings to the Newton County Special Olympics Equestrian Team

☐ I will not be able to attend the banquet. _____ will be picking up my awards for me.
(IF YOU ARE UNABLE TO ATTEND THE BANQUET, PLEASE MAKE ARRANGEMENTS FOR SOMEBODY TO PICK UP YOUR AWARDS FOR YOU!!)