



Your Name: _____

Address: _____

Phone Number(s): _____

E-mail address: _____

Organization Name: _____

(Organization Name as it should appear in promotional material)

Would like to Donate Scholarship funds: \$ _____

Place and ad in the program:

Size of ad: _____ @ the cost of \$ _____

I would like to donate _____

To be used as a class prize.

Your contribution will support the RIFNA program and provide scholarships and prizes for the outstanding riders in this program.

Please attach a Copy of the Advertisement you would like to include in the program and a written announcement.

Thank you for your supporting RIFNA!

Checks should be made payable to:

Riders Interscholastic Federation of North America

Mail to:

RIFNA

17875 Birmingham Highway

Alpharetta, GA 30004

Visa, Master-card, and American Express also accepted!

For more information please call Anita Ryan 770-781-3833 rifna@rifna.com