Please complete, print and send this form with your donation/sponsorship.

A Colorado non-profit DONATION/SPONSORSHIP form.

Events, dates and sponsorship are subject to change without notice.

COMPANY or INDIVIDUAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to donate/sponsor: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_

Amount donated/sponsored: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash/Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRA Agent Signature

Please make all checks or money orders payable to:

Trinidad Round-Up Association

RE: Trinidad Mud Racing

Our Mailing Address:

Trinidad Round-Up Association

Attn: Mud Racing

PO Box 469, Trinidad, CO 81082

[Trinidadroundup@live.com](mailto:Trinidadroundup@live.com) www.trinidadroundup.homestead.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_May\_7\_2016\_MUD\_RACING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trinidad Round Up Association**

Thanks you for your Sponsorship/Donation!

**Our Colorado non-Profit Tax Exempt Number \_\_46-3409908\_\_**

**Donor/Sponsor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Received: \_\_\_\_\_\_\_\_\_\_

Amount donated/sponsored: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash/Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRA Agent Signature