



Named Race Reservation Form

2009 Sonoma County Fair

Racing Dates: July 29—August 9 No Racing Aug. 3 & 4

TOTAL PAYMENT DUE MAY 8, 2009

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:

1st Choice : _____

2nd Choice: _____

3rd Choice: _____

Racing starts on Wednesday, July 28 and continues through Sunday, August 9. There is no racing on Monday, Aug. 3 or Tuesday, Aug. 4. We will do our best to give you a race on your preferred day, but weekends tend to go quickly, so please 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.

2009 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**