



44 Park Place
Goshen, NY 10924
Phone: 845.294.5333
Fax: 845.294.3998

Yes! I wish to be a Matinee Race Sponsor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name of Race: _____

As you would like it to read on the top of the race program page.

Date I would like to sponsor a race (check one):

June 14th

June 21st

I would like to have a race photo: Yes ___ No ___

I will be available to present a trophy: Yes ___ No ___

My tax-deductible donation of \$50.00
made payable to **Goshen Historic Track** is enclosed.
We are a nonprofit 501(c)(3) organization.

