

for St. Jude

**Ride** Date

Place

Time



Your support of this Saddle-Up event helps the life-saving research and the treatment of patients like Macy and Jesús at St. Jude.

#### Why Help St. Jude Children's Research Hospital<sup>®</sup>?

- · St. Jude is the world's largest pediatric cancer research center in terms of the number of patients enrolled and successfully treated. Since St. Jude opened in 1962, it has treated children from all 50 states and more than 80 foreign countries.
- · St. Jude has approximately 4,700 patients in active status. The hospital treats children without regard to race, religion, creed or ability to pay. ALSAC/St. Jude, the hospital's fund-raising arm, covers all costs not covered by insurance for medical treatment rendered at St. Jude. Families without insurance are never asked to pay.
- Each St. Jude patient must be referred by a physician, have a disease currently under study at the hospital, be eligible for a current research protocol and, generally, be 18 years old or younger.
- St. Jude researchers and doctors treat children with genetic immune defects and pediatric AIDS, and use new drugs and therapies to fight infection.
- · Research findings at St. Jude are freely shared with scientific and medical communities all over the world.
- · St. Jude is supported primarily by public contributions.
- During the past five years, 84.3 percent of every dollar received by ALSAC/St. Jude has gone to the current or future needs of St. Jude.

Visit our Web site: www.stjude.org/saddleup

Coordinator

# GREAT PRIZES FOR RIDERS

My personal goal is

Here's What You Can Win! Those raising \$175

Cap + Sweatshirt + Sports bag + T-shirt + Lapel Pin

Those raising \$125 Sweatshirt + Sports bag + T-shirt + Lapel Pin

Those raising \$75 Sports bag + T-shirt + Lapel Pin

> Those raising \$35 - T-shirt + Lapel Pin

All individuals turning in money Lapel Pin

(More important, you will be helping to save the lives of some very sick children)

## **How To Participate**

- 1. Complete the rider information form on the other side. Please use a ball point pen and PRINT.
- Set a goal for yourself by picking the prizes you want and 2. obtaining enough sponsors to earn them. Use additional forms if needed. Start today. You must have sponsors to register. DO NOT GO DOOR TO DOOR TO OBTAIN SPONSORS.
- 3 Ask sponsors if the place where they work has a matching gift program. If so, have them give you a completed form and turn it in to your coordinator with your pledges and donations.
- 4. Ask your family and friends to sponsor you. You can even get sponsors from businesses in your town. The more sponsors you have, the better your chance of winning prizes and the greater benefit to St. Jude.
- 4. Check all riding gear for safety. Wear comfortable clothes.
- Bring your completed sponsor forms to register at the above 5. time and place. If under 18, be sure your parent or guardian has signed the form.
- DONATIONS ARE ACCEPTED! 6

### Safety Tips

Ask owners of horses that are known to kick other horses or people to tie a red ribbon on its tail.



- 2. Have riders check all equipment before starting.
- 3. Always wear a helmet while riding.

ALSAC/SI. Jude Children's Research Hospital, 501 St. Jude Place, Memphis, TN 38105, 1-800-877-5833, is a non-profit, tax exempt corporation whose purpose is to care for children stricken with catastrophic diseases, to conduct medical research on those diseases and to raise the funds needed to allow St. Jude to accomplish this. Children are admitted without regard to race, religion or ability to pay. St. Jude does not sell, rent or loan any personally identifying data to anyone not acting on our behalf. Donations to St. Jude needed to allow St. Jude to accomplish this. Children are admitted without regard to race, religion or ability to pay. St. Jude does not sell, rent or loan any personally identifying data to anyone not acting on our behalf. Donations to St. Jude needed to allow St. Jude to RENTLES BY CALLING TOLL-FREE WITHIN THE STATE 1-800-HELP-FLA. REGISTRATION DOES NOT HED VIDORSEMENT FLORIDA REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 1-800-HELP-FLA. REGISTRATION DOES NOT HIPLY ENDORSEMENT FLORIDA REGISTRATION A doe Place, Memphis, TN 38105, Jude Children's Research Hospital, 501 St. Jude Place, Memphis, TN 38105, Jude Children's Research Hospital, 501 St. Jude Place, Memphis, TO 38105, Construction of ALSAC/St. Jude Children's Research Hospital at 800-877-5833 our writing to 501 St. Jude Place, Memphis, Tennessee, 38105. For the cost of copying and postage, documents and information of ALSAC/St. Jude Children's Research Hospital may be obtained from the Mississippi Secretary of State's office allogistration and financial information field with the Attorney General concerning this charitable tolcialtion may be obtained from the Attorney General does not imply endorsement by the Secretary of State. NEW YORK: A copy of the Latest and local charitable soliciation may be obtained from the Attorney General does not imply endorsement. NEW YORK: A copy of the latest annual report may be obtained from the Attorney General doe

Saddle-Up for St. Jude	Sade	dle-	Up f	for St.	Jude
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Rider's Name	
1.	
Address	
City, State, Zip Code	
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Telephone	
	If you collect \$35 or more
If you collect \$125 or more, circle your sweatshirt size.	If you collect \$35 or more, circle your T-shirt size.
If you collect \$125 or more,	If you collect \$35 or more, circle your T-shirt size.
If you collect \$125 or more,	circle your T-shirt size.
If you collect \$125 or more, circle your sweatshirt size.	

WAIVER, RELEASE AND INDEMNITY AGREEMENT

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The undersigned individually for himself or herself, his or her spouse and/or his or her children or ward folder/welf and individually the "Undersigned"), for and in consideration of allowing the Undersigned to participate in the sputhes and work of St. Jude Children's Research Hospital, inc., American Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, American Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, american Lebanese Syrian Associated Charities, Inc., the Municipalities, Counties, or other person, and their heirs, executors, representatives, administrators, successors, and assigns collations, and/or liability of any type or kind (including, but not limited to, damages for personal injury) that the Undersigned at any time may have or sustain as a result of participating in the Event, by or as a result of any action or inaction of the Released Parties or other acts or omissions of any type or kind relating to the Event, regardless of where the event is held. The Undersigned turdersigned turdersigned turder signed turdersigned turdersigned

IMPORTANT: ENTRANTS UNDER AGE 18 CANNOT SIGN THIS FORM; ONLY THEIR PARENT OR GUARDIAN MAY SIGN ON THEIR BEHALF.

DATE:

-C + D + E -

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE

#### **SPONSORS** Dear Sponsor:

Please help St. Jude Children's Research Hospital by pledging 25¢, 50¢ or more per mile ,or a flat donation of \$5, \$10 or more. For the safety and convenience of the rider, we request that you do not give cash. Please make your tax-deductible check payable to St. Jude Children's Research Hospital.

1

St. Jude participates in Corporate Matching Gift programs and would appreciate your help in obtaining matching gifts for your donations. Please obtain a matching gift form from your company, complete all the employee information and turn it in with your pledged dollars. We appreciate your help.

#### Thank you for your support of our life-saving research and treatment.

Sponsor's Name (Please Print)	Street	Sponsor's Address City	State Z	ZIP Phone	Amount Pledged per Mile	Total Miles Com- pleted	Total Pledge	Flat Donation	Matching Gift Amount	Tota Donati
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