



# Glover Bucks Rewards Application

Organization Name: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) - - Fax: ( ) - - Email: \_\_\_\_\_

Organization Officials: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of Members: \_\_\_\_\_ # Events each year \_\_\_\_\_

Type of events: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

By completing and signing this application you agree to abide by the terms and conditions set out in the rules of the Glover Bucks program.

For more details of this program and for terms and conditions call 1-204-534-7050 or visit [www.GloverEquine.com/GloverBucks](http://www.GloverEquine.com/GloverBucks)

Return completed in full.  
**Glover Equine Products Ltd.**  
Box 1107  
Boissevain, MB  
R0K 0E0  
Or Fax: **1-204-534-2295**