

2019 Event Registration Form

Thursday, July 18

Bourbon Tour and Tasting

\$1,000 per person, \$1500 for driver plus navigator. Limited to 12 lucky people. *Please contact Shelby Mulholland at 859.494.5599 or [Send email to Shelby>>](#)*

_____ Tickets @ \$1000: \$ _____
_____ Tickets @ \$1500: \$ _____

Friday, July 19

Concours Bash

LOCATION AND THEME TO BE ANNOUNCED

7pm-11pm \$75 per person

Tickets also available at the gate @ \$75

_____ Tickets @ \$75: \$ _____

Saturday, July 20

Keeneland Concours d'Elegance

9:00am - 4:30pm

\$15 per person (under 12 free)

Concours Awards Presentation at 3:00pm

Tickets also available at the gate @ \$20

_____ Tickets @ \$15.00: \$ _____

Sunday, July 21

Tour d'Elegance and Luncheon

First car off at 9:00am, from Keeneland--Navigator is required

I will be driving a: _____

Driver: _____ Navigator: _____

\$200 per car for two people: _____ Reservations @ \$200.00: \$ _____

\$75 for each additional passenger: _____ Reservations @ \$75.00: \$ _____

VIP Show Day Package

\$100 per person

Show day package includes a ticket, event program, VIP lunch in Keeneland Entertainment Center, and many thanks from Kentucky Children's Hospital for a generous donation.

Tickets @ \$100: \$ _____

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2019 Event Registration Form Cont'd...

One stop shopping!!—PATRON PACKAGE

Get the complete PATRON package for \$1,500 which includes: (2) VIP packages, (see details above), (2) Hangar Bash Tickets, (2) Hats, (2) Tee Shirts, the Tour d'Elegance for Driver and Navigator, and **MANY** thanks from Kentucky Children's Hospital for a generous donation.

I will be driving the tour in a: _____

Driver: _____ Navigator: _____

_____Reservations @ \$1,500 \$_____

Total amount enclosed: \$_____

A portion of your costs will be tax deductible

Proceeds support **Kentucky Children's Hospital**

Sorry, I cannot attend the events this year but I would like to make a donation of: \$_____

All major credit cards accepted on our secure web site Registration Form or call Shelly at 859-806-3245.

Please make checks payable to: **Keeneland Concours**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) - _____

E-Mail: _____

Please send completed order form with your check to:

Keeneland Concours

PO Box 910370

Lexington, KY 40591

Keeneland Concours is a 501(c) 3
corporation

www.keenelandconcours.com