

Carriage Information Sheet

*Please fax to the Return Day Committee – 302-855-9088 – by November 1, 2016.*

*(or mail to P O Box 55 Georgetown DE 19947)*

Owner \_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - Day ( ) \_\_\_\_\_ - Evening ( ) \_\_\_\_\_ - Cell

Driver (Whip) \_\_\_\_\_

Groom \_\_\_\_\_

Club \_\_\_\_\_

Breed of Horse(s)	Name
_____	_____
_____	_____
_____	_____
_____	_____

Carriage Manufacturer \_\_\_\_\_

Carriage Model \_\_\_\_\_ Carriage year \_\_\_\_\_

NUMBER OF PASSENGERS \_\_\_\_\_ (not including driver & whip)

Point(s) of Interest/Awards  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number \_\_\_ in party who will attend the Return Day Luncheon at the Marvel Museum immediately following the discharge of dignitaries.

Cathy Pepper, Committee Chair  
302.745.5056 (phone)