

SWEEP RIDERS OF THE SIERRA
APPLICATION FOR MEMBERSHIP

2016

Check all that Apply

- () New Member () Radio Member (Dual Band HAM)
 () Renewing Member () Support Member
 () Mounted Member

PLEASE PRINT THE FOLLOWING INFORMATION

NAME: _____ HAM CALL SIGN: _____
 Last First

MAILING ADDRESS: _____
 Street City State Zip

PHONE NUMBERS: (H) () (W) () (c) ()

EMAIL ADDRESS: _____

EMERGENCY CONTACT: Name: _____ Relationship: _____
 (NOT RIDING PARTNER)

Home() Work() Cell()

Shirt size. (Circle) S, M, LG, XLG

*****TEAM INFORMATION*****

Equine #1 _____
 Name Breed Age Color M/G How Long Owned

Equine #2 _____
 Name Breed Age Color M/G How Long Owned

Did you and your horse ride a sweep section for the WS Run and/or the Tevis in 2015? Y N

Briefly describe your riding experience: _____

What parts of the Western States Trail have you ridden? _____

Have you ridden at Night? _____ Are you willing to ride at Night? _____

If you have a Qualified Equine, do you plan to be available for: (Please circle Yes or No)
 WSER 100-mile Run June 25/26 Yes / No Gold Country (Georgetown) July 9 Yes / No
 TEVIS July 23 Yes / No

I understand that I may not be riding the trail if there are enough riders to cover the events. I understand that there are other opportunities to volunteer my services during all of the SOS events.

PHOTO RELEASE: Volunteer does hereby grant and convey unto Sweep Riders of the Sierras (SOS) all right, title and interest in any and all photographic images, video and audio recordings made by SOS, or on behalf of SOS, during Volunteer's activities with SOS. I agree I disagree

SIGNED: _____ DATED: _____