SWEEP RIDERS OF THE SIERRA

APPLICATION FOR MEMBERSHIP

2018

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

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)
Gold Country (Georgetown) July 7 Yes / No
Tevis July 28-29 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:_____