

SWEEP RIDERS OF THE SIERRA  
APPLICATION FOR MEMBERSHIP

2020

- 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 18 Yes / No

Tevis August 1-2 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: \_\_\_\_\_