

PLEASE NOTE: To secure a spot on the 72nd Annual Ride, applications must be received at the DC office by the deadlines as set forth in the Ride Brochure. After the deadline, applications will be considered by the date of receipt ONLY if openings still exist.

DESERT CABALLEROS

"OUT WICKENBURG WAY"



PO Box 1106, Wickenburg AZ 85358-1106
928-684-3618 FAX 928-684-6365
Email DCTallyhand@gmail.com

2ND OR 3RD YEAR NUEVO MEMBER APPLICATION PLEASE FILL OUT COMPLETELY - Especially Those Items in Red

(PLEASE PRINT OR TYPE)

Date _____

Last Name _____ First Name _____ Initial _____ NICKNAME _____

E-MAIL - VERY IMPORTANT
PLEASE PRINT CLEARLY

Residence Address _____ City _____ State _____ Zip _____

Date of Birth _____

Telephone _____ Occupation - Please Be Specific _____

FEE ENCLOSED:
Nuevo 2 / Nuevo 3 Fee: \$ 1425

Address/Phone Where You May Be Reached Immediately Before the Ride _____

I Provide My Own Horse (Yes or No): _____

I Will Be Riding a Mule (Yes or No): _____

I Will Rent My Horse From: _____

Sponsor Name: _____

Name of Your Camp: _____

Sponsor Signature: _____

ARE YOU A MILITARY VETERAN? (Yes or No) _____

The By-Laws provide a Nuevo must be accompanied by a Caballero Sponsor who is on the ride. I understand that by my signature I agree to comply with all the rules, regulations and By-Laws of the Desert Caballeros. I hereby assume all risks involved in the Desert Caballeros functions and waive any claim that I may have against The Desert Caballeros, their agents, employees and directors for injury or damage suffered at those functions arising from any case whatsoever.

**THIS APPLICATION NOT ACCEPTED UNLESS ACCOMPANIED BY
PAYMENT AND A SIGNED SEPARATE RELEASE FORM**

WILL YOUR WIFE OR SWEETHEART BE ATTENDING
PARTIES WITH YOU? (yes or no) _____

HER NAME:
(please print) _____

Signature of Nuevo Member _____

IF YOUR LISTING IN THE LAST ROSTER IS NOT CORRECT PLEASE INDICATE CHANGES:

- Check enclosed - Payable to "DESERT CABALLEROS"
- MasterCard Visa

CREDIT CARD NUMBER _____

EXPIRATION DATE ____/____/____

CARDHOLDER'S NAME ON CARD (Please Print) _____

BILLING ADDRESS _____

I Authorize this Card Be Charged by The Desert Caballeros for the above Amount,

CARDHOLDER SIGNATURE _____

Very Important
If the DC does not have a picture of you, or IF YOU WANT A NEW PICTURE, please email a picture, (SEE BROCHURE) preferably in western clothes. OTHERWISE YOUR LAST PICTURE WILL BE USED.

RIDE FEES ARE NOT TAX DEDUCTIBLE AS A CHARITABLE CONTRIBUTION
(Deductible Charitable Contributions may be made to the "Desert Caballeros Foundation".
Contact DCTallyhand@gmail.com for information.)