

PLEASE NOTE: To assure a spot on the 72<sup>nd</sup> 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

### AMIGO 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 \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation - Please Be Specific \_\_\_\_\_

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

I Will Provide My Own Horse (Yes or No): \_\_\_\_\_

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

I Will Rent My Horse From: \_\_\_\_\_

Name of Your Camp: \_\_\_\_\_

**FEE ENCLOSED:**  
**Amigo Fee \$ 1275**  
***IF DUES NOT CURRENT YOU MUST  
INCLUDE ALL UNPAID DUES***

ARE YOU A MILITARY VETERAN? (Yes or No): \_\_\_\_\_

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 cause 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) \_\_\_\_\_**

Signature of Amigo Member \_\_\_\_\_

**HER NAME:  
(please print) \_\_\_\_\_**

**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,  
**PLUS ANY DUES OWED.**

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.)