PLEASE NOTE: To secure a spot on the 77th 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 Email DCTALLYHAND@GMAIL.COM WWW.DESERTCABALLEROSRIDE.COM

CABALLERO MEMBER APPLICATION

PLEASE FILL OUT COMPLETELY - Especially Those Items in Red

		(PLEASE F	PRINT OR TYPE)		Date	
Last Name	First Name	Initial	NICKNA ME		AIL - VERY IMPORTANT EA SE PRINT CLEARLY	
Residence Address		City	State	Zip		
Telephone	Occupation - Please Be Specific			FE	EE ENCLOSED:	
Address/Phone Where You May Be Reached Immediately Before the Ride				Caball	ero Fee \$ 1900	
I Will Provide My Own Horse (Yes or No):				IF DUES NO	IF DUES NOT CURRENT YOU MUST	
I Will Be Riding a Mule (Yes or No):					E ALL UNPAID DUES	
I Will Rent My Horse F	rom:					
Name of Your Camp:_						
ARE YOU A MILITARY V	ETERAN? (Yes or	No) Do	O YOU WANT DC TO	PROVIDE A COT I	FOR YOU? (Yes or No)	
assume all risks involved agents, employees, office	d in the Desert Cab cers and directors f	alleros functions for injury or dam	s and waive any clain nage suffered at tho	n that I may have ag se functions arising	f the Desert Caballeros. I hereb ainst The Desert Caballeros, thei g from any cause whatsoever.	
PAYMENT AND A SIGNED SEPARATE RELEASE FORM PART HER				ARTIES WITH YOU? ER NAME:	(yes or no)	
Signed by Caballero Mer	mber		(P			
IF YOUR LISTING IN THE	E LAST ROSTER IS	NOT CORRECT	Γ PLEASE INDICATE	CHANGES:	Very Important If the DC does not have a	
□ Check enclosed - Pay □ You can also pa	able to "DESERT (y by using Zel	CABALLEROS" Ile (DCTallyh	nand@gmail.co	m)	picture of you, or IF YOU WANT A NEW PICTURE, please email a picture,	
RIDERS PAYING BY CR	EDIT CARD WILL	ALSO BE CHAR	GED A PROCESSING	G FEE OF 3.5%	(SEE BROCHURE) preferably in western	
CREDIT CARD NUMBER EXPIRATION DATE CVV					clothes. OTHERWISE	
EXPIRATION DATE		_	CVV		YOUR LAST PICTURE WILL BE USED.	
CARDHOLDER'S NAME BILLING ADDRESS	•	-				
I Authorize this Card Be OWED AND PLUS 3.5%					<mark>ES</mark> zed signature.	
CARDHOLDER				Date		