PLEASE NOTE: To secure a spot on the 79th 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

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 PLEA SE PRINT CLEARLY _____

Residence Address _____ City _____ State _____ Zip _____

Date of Birth_____

Telephone _____ Occupation - Please Be Specific _____

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

FEE ENCLOSED:

Nuevo Fee $ 2250

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

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

I Will Rent My Horse From:_____ Invited By:_____

Name of Your Camp:_____ Sponsor Name:_____

ARE YOU A MILITARY VETERAN? (Yes or No) _____ Signed by Sponsor:_____

THE DC WILL *NOT* BE PROVIDING COTS IN 2026. IF YOU WILL NEED A COT CONTACT YOUR CAMP DIRECTORS

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, officers 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

_____
Signed by Nuevo Member

WILL YOUR WIFE OR SWEETHEART BE ATTENDING PARTIES WITH YOU? (yes or no)_____
HER NAME FOR BADGE:
(please print)_____

2nd Year If Your Listing in the Last Roster Is Not Correct Indicate Changes:

_____

☐ Paid through Zelle (DCTallyhand@gmail.com)
☐ Check enclosed - Payable to "DESERT CABALLEROS"

RIDERS PAYING BY CREDIT CARD WILL ALSO BE CHARGED A PROCESSING FEE OF 3.5%

CREDIT CARD NUMBER_____
EXPIRATION DATE _____ CVV _____
CARDHOLDER'S NAME ON CARD (Please Print)_____
BILLING ADDRESS_____

Very Important
ALL FIRST YEAR RIDERS (or N2 if you want a new picture) Please email a "Head Shot" picture of yourself, preferably in western clothes. (SEE BROCHURE)

I Authorize this Card Be Charged by The Desert Caballeros for the above Amount, PLUS ANY DUES OWED AND PLUS 3.5% PROCESSING FEE. My typed signature and date will serve as my authorized signature.

CARDHOLDER _____ Date_____

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