

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

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 Fee \$ 2250

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: _____

Sponsor Name: _____

Signed by Sponsor: _____

Name of Your Camp: _____

Invited By: _____

ARE YOU A MILITARY VETERAN? (Yes or No) _____ DO YOU WANT DC TO PROVIDE A COT FOR YOU? (Yes or No) _____

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**

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

HER NAME:
(please print) _____

Signed by Nuevo Member _____

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

- Check enclosed - Payable to "DESERT CABALLEROS"
- You can also pay by using Zelle (DCTallyhand@gmail.com)

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 _____

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.

Very Important
FIRST YEAR RIDERS
Please email a "Head Shot" picture of yourself, preferably in western clothes. (SEE BROCHURE)

CARDHOLDER _____ Date _____

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.)