



(903) 368-3571

CowgirlCongress@gmail.com

www.CowgirlCongress.com

Membership Sign-Up Form

Rider Name: _____ Date: _____

Date Of Birth: _____ Email: _____ Phone: _____

T-Shirt Size: _____ Hat Size: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact Name: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

If rider is under 18:

Parent/Guardian Name: _____ Phone: _____

Please provide the following information about the horse you intend to ride.

Horse Name: _____ Horse Age: _____

Breed: _____ **Circle one:** Mare Gelding Stallion

Please attach a copy of your Coggins to this form.



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I grant permission to CCRDT its representatives and employees the right to take photographs and videos of me and my property in connection with the above-identified subject. I authorize CCRDT its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that CCRDT may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This form must be signed by the rider or parent/guardian and submitted to the CCRDT in conjunction with the release form and a valid copy of Coggins papers. By signing below, I agree to the terms set forth by the CCRPT organization Bylaws and Waivers.

Signature of Rider or Parent/Guardian: _____

Date of signing: _____