



September 21st – 24th, 2023

REGISTRATION FORM

Registration deadline is September 10th, 2023

Don't delay! The ride is limited to **70 total**

Please complete one application per person.

No one under **18 years of age** permitted on the ride.

APPLICANT INFORMATION

Full Name:	
Address:	
Phone:	
Email:	

HORSE RENTAL INFORMATION

I WILL BRING A HORSE

I WILL NOT BE RIDING THIS YEAR.

I WILL BE RENTING A HORSE from _____

(name of horse rental company)

(Please fill out and follow instructions on the horse rental form. Remember horse rental is your responsibility and is an agreement between you and the rental company.)

PAYMENT INFORMATION

If you prefer to pay via Credit Card add \$10/per rider processing fee. To request an invoice with easy click link to pay send an email to Brenda@mesquitetrailride.com or call Brenda at 520-979-5199

Ride Fee: **\$205/ per person**

**price increase to include hot breakfast

Payment Due Date: **September 10th, 2023**

Make Check Payable to: **Mesquite Trail Ride**

Mail check to: **Mesquite Trail Ride**

PO BOX 1820

Benson, AZ 85602

Signature: _____

Date: _____

PLEASE BE AWARE: ARS - 12-553-subsection C - An owner, lessor or agent of any riding stable, rodeo ground, training or boarding stable or other private property that is used by a rider or handler of an equine with or without the owner's permission is not liable for injury to or death of the equine or the rider or handler.

The return of this completed or partially completed form signifies that you understand and consent to **all Rules** set by the Mesquite Trail Ride. All rules can be found on our website: www.mesquitetrailride.com



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MEDICAL HISTORY and CONSENT AGREEMENT

APPLICANT INFORMATION

Years you have attended MTR:

Rider Name:	
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EMERGENCY CONTACT INFORMATION – 1st and 2nd

Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	

PRIMARY PHYSICIAN

Full Name:		Phone:	
Address:			

List Any Medical Conditions, Allergies (Bees, food, medication), or Medications:

I authorize the use of any Field Emergency medical Procedure(s) in the event that I should become ill or injured.

Signature: _____ Date: _____

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