



# REGISTRATION FORM

**September 24th – 27th, 2026**

**Registration deadline is September 10<sup>th</sup>, 2026**

**Please complete one application per person.**

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

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

## APPLICANT INFORMATION

*riders.*

Full Name:	
Address:	
Phone:	
Email:	

## HORSE OWNER OR RENTAL INFORMATION

I WILL BRING MY OWN HORSE: \_\_\_\_\_ *(name of your horse and years owned)*

I WILL BE RENTING A HORSE \_\_\_\_\_ *(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

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

*If you prefer to pay via Credit Card we accept Venmo,*

**Payment Due Date: September 10th, 2026**

*Zelle, Cash App and more just ask.*

**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.



## MEDICAL HISTORY & CONSENT AGREEMENT *September 24<sup>th</sup> – 27<sup>th</sup>, 2026*

*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](http://www.mesquitetrailride.com)*

### APPLICANT INFORMATION

Years you have attended MTR:

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

Rider Name:	
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### EMERGENCY CONTACT INFORMATION – 1<sup>st</sup> and 2<sup>nd</sup>

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:

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**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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