



REGISTRATION FORM

September 24th – 27th, 2026

Registration deadline is September 10th, 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

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 24th – 27th, 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

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 – 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:

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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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