



Equestrian Trails, Inc.



SINGLE EVENT MEMBERSHIP

Date of event: _____ Corral # sponsoring event: _____

(WE INVITE YOU TO BECOME A PERMANENT MEMBER OF EQUESTRIAN TRAILS, INC)

NAME: _____ SIGNATURE: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP _____

PHONE: (_____) _____ EMAIL _____ SPOUSE: _____

CHILDREN: _____ Birthdate _____ Birthdate _____

_____ Birthdate _____ Birthdate _____

INSURANCE COMPANY: _____ PHONE #: (_____) _____

INSURED'S NAME: _____ GROUP #: _____

FAMILY PHYSICIAN: _____ PHONE #: (_____) _____

IN EVENT OF EMERGENCY CONTACT:

NAME: _____ RELATION: _____ PHONE #: (_____) _____

ÿ **INDIVIDUAL Dues \$5.00** _____ ÿ **FAMILY** _____ **ADULTS** _____ **JUNIORS Dues \$7.00**
Revised 1/07



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