

APPLICATION OF ENROLLMENT TO THE NCMP

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE & ZIP: _____

HOME NUMBER: _____ WORK NUMBER: _____

CELL NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: _____

PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

Do you have your own horse,tack and transportation? _____

Is your Application for RIDING or NON RIDING? _____

If 'RIDING', please include current copy of coggins with application!

Tell us why you are interested in riding with the
NCMP _____

Release of Responsibility

I understand by signing this application that I will ride at my own risk and with the understanding that neither this Organization or any member thereof, or any premise owner where the Organization rides shall be held responsible for any injury to person, mount, or equipment incurred while participating in any activity of this Organization.

Print Name

Signature

DATE Application received: _____ Received by: _____

Date: Approved - Disapproved _____