



NAME OF RIDER: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBERS: CELL _____ HOME: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

NAME OF HORSE: _____ COLOR OF HORSE: _____

BREED OF HORSE: _____ PLEASE CIRCLE: GELDING MARE

AGE OF HORSE: _____ OWNER OF HORSE: _____

IF YOU ARE UNDER 18 YEARS OF AGE WHO WOULD BE IN CHARGE OF YOUR TRANSPORTATION:

NAME: _____ CELL PHONE NUMBER: _____

NAME: _____ CELL PHONE NUMBER: _____

LIST PREVIOUS RODEOS, GYMKANAS OR HORSE SHOWS YOU HAVE PARTICIPATED IN: _____

HAVE YOU BEEN ON THE S.S.S. FLAG TEAM BEFORE? IF SO, PLEASE LIST YEARS INDIVIDUALLY (i.e. 2014,2015, 2019):

DO YOU HAVE ANY MEDICAL PROBLEMS? YES/NO IF YES, PLEASE EXPLAIN: _____

If you wish to try out on more than one horse please add an additional application for each horse (**only filling out your name and the horse information portion**).

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 15, 2025 (PLEASE SEE ADDRESS ON NEXT PAGE)

Should you have any questions please email jensenmk00@yahoo.com
Please notify Kindra Clelland at 775-777-5919 of any change of address or phone number.

SIGNATURE: _____ DATE _____

FOR RIDERS UNDER 18 YEARS OF AGE:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____