PLEASE TYPE OR PRINT

2023 REGISTRATION FORM - ALL EQUINE ARE SUBJECT TO APPROVAL BY THE EQUINE WELFARE COMMITTEE AT ANY TIME DURING THE RIDE.

ONLY ONE APPLICANT PER FORM	WELFARE COMMITTEE AT ANY	I IME DURIN	G THE RIDE.
PLEASE TYPE OR PRINT	WEEKLY RATE (INCLUDES MEMBERSHIP)	***	
	ADULT (18 yrs. and over) Minor (6 yrs. to 17 yrs.)	\$60.00	\$
NAME	CHILD (5 yrs. and under) application required	- 0 -	E Albert Derror (No.)
ADDRESS			
CITY	WEEKEND RATE (DOES NOT INCLUDE MEMBERSHIP)		
STATE / ZIP	1ST WEEKEND ONLY (FEB 2 – 5 2023) ADULT (18 yrs. and over)	\$40.00	\$
HOME PHONE ()_	Minor (6 yrs. to 17 yrs.)	\$15.00	
	CHILD (5 yrs. and under)	- 0 -	\$_FREE
CELL PHONE ()			
E-MAIL	SHUTTLE PASS (OPTIONAL / IF AVAILABLE) PER RIG	\$60.00	\$
BIRTHDATE	S.T.T.R. SCHOLARSHIP DONATION		\$
MAKE CHECKS PAYABLE TO:			0
SOUTH TEXAS TRAIL RIDERS, INC	TOTAL AMOUNT ENCLOSED		\$
P.O. BOX 261307, CORPUS CHRISTI, TX 78426	What year did you join STTR?		
Number of vehicles in your party.	Who Brought You Back to STTR? * EVERY EQUINE MUST HAVE A NEGATIVE		
	ELEASE		
For and in consideration of the privilege of participating in and as a condition for membership is property and my livestock, and I hereby release the San Antonio Livestock Show & Rodeo Asso with the San Antonio Livestock Show & Rodeo, the South Texas Trail Riders, Inc., from any an in my charge or care no matter what the nature or cause and I further agree to indemnify and from any and all damages, costs, charges, expenses, legal fees or any other loss or expense incor loss incurred or suffered by any third party resulting from any acts or actions on my part in contributed to the cause of such accident, injury, damage or loss incurred or suffered by such thall of the rules and regulations of the South Texas Trail Riders, Inc., and state that I am qualified	ciation, the South Texas Trail Riders, Inc. and any other organization or id all claims. And/or liability from any accident, injury, damage or loss included harmless the San Antonio Livestock Show & Rodeo Association, curred by said organization/s or the individuals connected thereto resulting or by anyone in my charge, whether such acts were intentional, accidentially and party. I do hereby certify that I have read the foregoing and agree to	ndividual in cheurred or suffer the South Tex g from any acce ental or neglig	arge of or connected ed by me or anyone as Trail Riders, Inc., dent, injury, damage ent which caused or
NAME (PRINT)SIGNED	DATE_	DATE	
PARENTS I APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE A SPONSOR OR PARENT	PERMISSION FORM T TO RIDE WITH THEM AND APPLICATION MUST BE SIGNED BY	PARENT OF	GUARDIAN.
AGE (AS OF JANUARY 1, 2023) DATE OF BIRTH			
PARENT'S OR GUARDIAN'S NAMES	PHONE ()		
THE REPORT OF THE PROPERTY OF	THORE (

PHONE (_

SIGNED