



**NATIONAL ASSOCIATION OF
COMPETITIVE MOUNTED
ORIENTEERING**

MICMO

Linda Paustian

102 Williams Ave

La Porte IN 46350

RIDE SANCTION REQUEST:

Name of ride: _____

Location: _____

Date of Rides: _____

Ride Manager: _____ NACMO # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Assistant Ride Manager: _____ NACMO # _____

All persons managing or assisting or riding in a CMO must be either annual members or day members. The ride manager must be an annual CMO member. Enclosed is \$5.00 per ride date payable 30 days before Ride.

I have read, and understand, and I agree to abide by all rules and release NACMO from any and all liabilities.

Signature of Ride Manager: _____ Date: _____

Ride Manager forms and instructions are at the website www.nacmo.org. Follow the "for