



**NATIONAL ASSOCIATION OF
COMPETITIVE MOUNTED
ORIENTEERING
RIDE SANTIIONING
FORM**

NJ.PA.NY CMO
Dodie Sable, Director
593 Old 22
Lenhartsville, PA 19534
610-587-3626

NAME OF RIDE: _____

LOCATION: _____

DATE(S) OF RIDE: _____

RIDE MANAGER: _____ NACMO# _____

RM ADDRESS: _____

RM PHONE # _____ RM EMAIL: _____

ASSISTANT RIDE MANAGER: _____ NACMO# _____

All persons managing or assisting in a CMO must be annual member. All riders must be annual or day members. The ride manager must be in good standing with NACMO. Enclosed is \$5.00 per ride date payable 30 days before Ride date. **Checks made out to NACMO.**

I have read, and understand, and I agree to abide by all rules and regulations as stated in the NACMO rulebook. I release NACMO from any and all liabilities.

SIGNATURE OF RIDE MANAGER: _____ DATE _____

SIGNATURE OF ASST. RIDE MANAGER: _____ DATE _____

Ride Manager forms and instructions are at the website WWW.NACMO.ORG
. Follow the "FOR MEMBERS LINK", then click "RIDE MANAGER INFORMATION"