



**NATIONAL ASSOCIATION OF
COMPETITIVE MOUNTED
ORIENTEERING
RIDE SANTIIONING
FORM 2022**

NJ.PA.MD CMO
Dodie Sable, Director
593 Old Route 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. The fee of \$5.00 per ride date must be added to the National Ride Tally Sheet.

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.

Notice of this ride should be given to the Regional Manger, Dodie Sable, a minimum of 30 days prior to the event date so that NACMO can be notified and insurance can be obtained for this ride.

I will abide by all rules and regulations presented by the state of _____

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"