



**NATIONAL ASSOCIATION OF
COMPETITIVE MOUNTED
ORIENTEERING
Washington State Chapter 1**

WACMO
Fran Eisenman-Treasurer
30314 9th Ave S
Federal Way, WA 98003

NACMO
Jim Klein
24305 98th St NW
Zimmerman, MN 55398

RIDE SANCTION REQUEST:

Name of ride: _____

Location: _____

Date of Rides: _____

Ride Manager: _____ NACMO NO. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Assistant Ride Manager: _____ NACMO No. _____

I have read, and understand, and I agree to abide by all rules and release NACMO from any and all liabilities. All persons managing or assisting or riding in a CMO must be either annual members or day members. Enclosed is \$5.00 per ride date payable 30 days before Ride.

Signature of Ride Manager: _____ Date: _____

Ride Manager forms and instructions are posted on the website www.nacmo.org.

If you do not have access and would like a packet mailed to you, please check here.

If insurance papers are required for these dates send the following information:

Land Owner: _____

Person in charge: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____