

SUNCOAST TRAIL RIDERS OF FLORIDA

P.O.BOX 15005

BROOKSVILLE, FL 34604

www.suncoasttrailriders.org

MEMBERSHIP APPLICATION Annual Membership Fees are due each January
Checks should be made Payable to: Suncoast Trail Riders of Florida

New Member _____ Renewal _____ Single Membership _____ Family Membership*
\$20.00 \$25.00

Name _____ Date _____

Occupation _____ Birthdate _____

(If Family Membership) Spouse's Name _____

Children's Names and Ages _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different) _____

Home Phone _____ Never Call After _____ PM

Your Cell # _____ Spouse Cell # _____

Email Address _____

Club Directory permission: I give permission with my signature on this application for my name, email address and phone number to be published in the STROFF Club Directory.

Number of Horses _____ Breeds _____

Referred By _____

What would you like to do as a club? _____

EMERGENCY CONTACT INFORMATION (We must have this information)

Person to Contact _____ Relation _____ Phone _____

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WARNING: UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN ANY EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. ANYONE UNDER THE AGE OF 16 MUST WEAR A HELMET.

Please read this statement. If you do not understand ask someone before you sign.

As a member of SUNCOAST TRAIL RIDERS of FLORIDA, I hereby release the club, it's officers and members in full, for any and all liabilities, for any loss, personal injury, or death,damage or death to horses or any articles of equipment of any kind or nature that may be lost,stolen, destroyed or in any way was damaged while attending Club functions. I hereby agree to abide by the rules and regulations of this club while on private property and while at public functions and to abide by the rules and regulations of the Forestry Service and SWFMD while participating at events or camping in and on National, State and County land.

Any applicant over the age of 18 must sign.

Signature _____ Date _____

Signature _____ Date _____