

Mail to: Mounted Rescue, P.O.Box 1481, Pagosa Springs,
Colorado 81147

Registration

MSARCO 2007



Name : _____

Address : _____

_____ State _____ Zip _____

Email : _____

Telephone : _____ Cell : _____

Unit Name : _____

Horse info : Breed _____ Age _____ Color _____

Minimum age 4 years - must be up to date with vaccinations .

Non Horse Participants :

Ground Team _____ ATV _____ Management _____ Base Ops _____

Registration: \$15 per person. _____

\$5 Extra Topo map _____

Payment enclosed :

Checks payable to "Mounted Rescue"

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