



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

**WACMO**  
Angela Hall-Treasurer  
5297 North 10th St.  
Ridgefield, WA 98642

**NACMO**  
Jim Klein  
24305 98<sup>th</sup> 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](http://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: \_\_\_\_\_