



EMERGENCY INFORMATION

3 rd Western States Educational Ride 2010



This information is for official use by the Placer County Sheriff's Department in the event of a rescue or medical emergency.
Please provide as much information as possible.

**Please mail this form with Payment along with your Ride Application and questionnaire to:
1216 C High Street, Auburn, CA 95602**

Please **PRINT CLEARLY**

Rider #	Rider Name					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date	Height	Weight	Hair Color	Eye color	Home Phone		
Street Address			City	State	Zip		
Emergency Contact Person/s (This person <u>MUST</u> be able to be contacted during the ride in case of an emergency)							
Special Medical Considerations:							
Place where you will be staying before/during/after the Ride					Phone number at this location		

Crewmember Name	Cell Number	Vehicle/Trailer Make/Model & Color	License Plate

Equine Name	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion		
Breed	Color	Height	Weight
Owner Name (if owner is not the rider)		Owner Contact Phone During Ride	

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Other Information that might prove helpful in an emergency:
<input type="checkbox"/> for additional space, continue on reverse

