

**RESERVATION FORM FOR THE
19TH ANNUAL NMMI ALUMNI TRAIL RIDE AND RENDEZVOUS
AT THE EL CASO RANCH, NEAR QUEMADO, NM
10-14 June 2008**

Full Name: _____ **Class Year:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email: _____

Sponsor if you are a new Patron (first time rider): _____

In consideration of my participation, in whole or in part, in the Trail Ride (the "Ride") sponsored by the NMMI Alumni Association and the El Caso Ranch, I agree to release and hold harmless its officers, members, agents, staff, employees and representatives from all actions, claims and demands of any kind and nature that may arise from, or in connection with, my participation or proposed participation in any aspect of the Ride, accepting any and all risks, involved in waiving all rights of any kind that might otherwise exist.

I also represent that, to the best of my knowledge, my physical condition is adequate to participate safely in the activities with the Ride and that no physician or other qualified person has advised me against participating in any such activities.

The General Release and Waiver Statement shall be binding upon the undersigned and my heirs, personal representatives and assigns.

DATE: _____ **SIGNATURE:** _____

TRAIL RIDE EVENTS (Check the boxes of the events you plan to attend):

- Participation Fee for entire week (Tue-Sat) ___ X \$500 = \$ _____
(\$125.00 deposit due with each reservation)
- Participation Fee for individual days ___ X \$150 = \$ _____
__Tue. __Wed. __Thu. __Fri.
- 20% Participation Fee discount if received by 30 April = <\$ _____ >
- Trail Ride Sponsorship (optional donation for Cadet Activities) = \$ _____
- Rental Horse (\$500.00 / horse) only 12 available ___ X \$500 = \$ _____
- Bringing own or borrowing a horse
- Don Strand Memorial Golf Tournament Handicap _____ = \$ *Pay at the course*

CHARGE YOUR PAYMENT	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Amount to Charge	\$ _____
Card No:	_____
Expiration Date:	_____
Signature:	_____

TOTAL FEES DUE \$ _____

Less Deposit Enclosed < \$ _____ >

TOTAL DUE BY 23 May 2008 \$ _____

Make checks payable to:
NMMI Alumni Association, Inc.
101 West College Boulevard, Roswell, NM 88201

***ALL FEES ARE NONREFUNDABLE AFTER
23 May 2008***