



# DESERT INTERNATIONAL HORSE PARK

## REQUIRED CONTACT INFORMATION

### INDIVIDUAL

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMERGENCY HEALTH CONTACT

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MUST SUBMIT ONLINE