

CROSS STATE TRAIL RIDE, INC

Founded in 1970 - Incorporated in 1976

CSTR SPONSOR RECOMMENDATION FORM

Thank you for being willing to sponsor an applicant for membership in Cross State Trail Ride Inc.. Please answer the following questions and mail this recommendation form directly to the address below. It is expected that it will arrive separately from the member application. All information that is included on this form will remain confidential. CSTR has a policy that information that is included in an application or recommendation will not be discussed with the applicant or with anyone else.

Name	
	(please print)
Mailing address	
Phone	E-mail
Person you are spo	onsoring
Please note that spo	nsor(s) must forward their recommendation separately directly to Karen Desroches
You may answer th	ne questions directly on this form, or on a separate sheet.
1. How long have	you know this applicant?
2. Have you ridder	n with or camped with the applicant before? Please describe
3. Would you be w	villing to mentor this new applicant on their first CSTR ride? This could mean
riding or camping a	longside this person.



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4. Do you have any reservations about their ability to ridescribe	de or camp with horses safely? Please
5. Do you have any reservations about their ability to w Please describe.	ork as a part of a team of volunteers?
6. Please use this space to list or describe any information committee to better understand this applicant.	tion that you think would help the
CSTR will be happy to send a courtesy e-mail to the applican received.	at stating that this recommendation was
SIGNATURE	DATE
Please mail recommendation form to:	

→→→ Karen Desroches, 176 Brimstone Corner Road, Hancock, NH 03449