



# 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 sponsoring \_\_\_\_\_  
*Please note that sponsor(s) must forward their recommendation separately directly to Karen Wood*

You may answer the questions directly on this form, or on a separate sheet.

1. How long have you know this applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ridden with or camped with the applicant before? Please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you be willing to mentor this new applicant on their first CSTR ride? This could mean riding or camping alongside this person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Do you have any reservations about their ability to ride or camp with horses safely? Please describe

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5. Do you have any reservations about their ability to work as a part of a team of volunteers? Please describe.

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6. Please use this space to list or describe any information that you think would help the committee to better understand this applicant.

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CSTR will be happy to send a courtesy e-mail to the applicant stating that this recommendation was received.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail recommendation form to:

**→→→ Karen Wood, 180 Main Street, Atkinson, NH 03811**