



# Prairie Women On Snowmobiles Inc.

## Head Office

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<http://www.prairiewomen.ca>

## Rider Application Form

This form must be completed and submitted to be eligible for selection in the Mission.  
Only members in good standing will be considered for each Mission.

Name:	
Address:	
City:	
Province:	
Postal code:	
E-mail:	
Phone number (home):	
(work):	
(cell):	
Fax number:	
Birth date	month:                      day:                      year:
Special qualifications (First Aid, GPS, mapping, photography, etc.):	
T-shirt size (check one):	<input type="checkbox"/> small <input type="checkbox"/> xl <input type="checkbox"/> medium <input type="checkbox"/> xxl <input type="checkbox"/> large <input type="checkbox"/> xxxl
Occupation:	
Hobbies, talents, skills:	
Education:	
Medical insurance company/province:	

Policy number/card number:			
Please describe as carefully as possible your goals and reasons for participating in the Mission (specific interests, desired objectives, personal goals, etc. Use extra sheet of paper if required):			
How did you hear about PWOS?			
Number of years snowmobiling?			
Type of snowmobile riding experience?			
Cross-Country %	Deep Snow %	Ditch %	Trail %
Are you a member of a snowmobile club?			
If yes, which one(s)?			
Do you personally own a snowmobile? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, what year and model?:		
Do you volunteer for any association/organization?			
If yes, which one(s)?			
What is the average mileage you ride in one day as a driver (not passenger)?			

I have read the PWOS Mission Conditions and agree to them.

I will submit a completed Medical Information Form and Waiver Form to Prairie Women On Snowmobiles Inc. attached to this application. I understand that I must complete a Waiver Form releasing Prairie Women On Snowmobiles Inc., from all liability before participating in any activity with Prairie Women On Snowmobiles Inc., or its supporters.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_