

2019 WRC Children's Show Series Entry Form

Back Number _____

Date of Show **May 18th** **June 8th** **September 14th**

Name of Rider

Rider Age 1/1/19

Name of Horse

Member

Phone

Last Name

First Name

Required

Yes

No

Address

City/Town

State/Zip

eMail

Indicate division(s) for points. In each category, choose one Pleasure, one Gymkhana, and any Open divisions that apply.

Pleasure Divisions - choose one

- Western Leadline (10 and under) 67, 82, 83, 84, 85, 110, 119, 128
- English Leadline (10 and under) 13, 14, 15, 16, 22, 110, 119, 128
- Western 10 & Under Pleasure (W/J) 62 or 63, 68, 86, 87, 88, 113, 122, 131
- English 10 & Under Pleasure (W/T) 20 or 21, 23, 28, 29, 30, 113, 122, 131
- Western Jr. Novice Pleasure (W/T/J) (11-14) 62 or 63, 69, 89, 90, 91, 114, 123, 132
- English Jr. Novice Pleasure (W/T/J) (11-14) 20 or 21, 24, 31, 32, 33, 114, 123, 132
- Western Sr. Novice Pleasure (W/T/J) (15-18) 62 or 63, 71, 95, 96, 97, 115, 124, 133
- English Sr. Novice Pleasure (W/T/J) (15-18) 20 or 21, 26, 37, 38, 39, 115, 124, 133
- Western Jr. Pleasure (W/T/L) (11-14) 62 or 63, 60, 92, 93, 94, 116, 127, 134
- English Jr. Pleasure (W/T/C) (11-14) 20 or 21, 25, 34, 35, 36, 116, 125, 134
- Western Sr. Pleasure (W/T/L) (15-18) 62, or 63, 72, 98, 99, 100, 117, 126, 135
- English Sr. Pleasure (W/T/C) (15-18) 20 or 21, 27, 40, 41, 42, 117, 126, 135

Open Divisions - choose any that apply

- Therapeutic Rider Maximum Assistance - (W/T/J) 64, 73, 76, 79, 111, 120, 129
- Therapeutic Rider Minimum Assistance - (W/T/J) 65, 74, 77, 80, 111, 120, 129
- Therapeutic Rider Advanced - (W/T/J/L/C) 65, 75, 78, 81, 112, 121, 130
- Theraputic may cross enter*
- Hunter 7, 8, 9, 10, 11, 12
- Trot Cross Rails 1, 2, 3
- Cross Rails 4, 5, 6
- Sport Horse 43, 44, 45, 46
- Ranch Horse 101, 102, 103, 104, 105
- Miniature Horse 17, 18, 19, 118, 127
- Open Driving 106, 107, 108, 109

Gymkhana Divisions - choose one

- Gymkhana (Trot) 48, 51, 54, 57
- Junior Youth Gymkhana 49, 52, 55, 58
- Senior Youth Gymkhana 50, 53, 56, 59

Class Numbers Entered

For Office Use

Place

Points

Exhibition Run Fee _____ x **5** = \$ _____

Class Fee _____ x **8** = \$ _____

Number Fee per horse/rider combination - same # for the entire season not refundable **\$2** _____

Grounds Fee (WRC Members Exempt - Proof of Membership Required) **\$5** _____

Office Fee (Per Horse/Rider Combination) **Waived for pre entry recieved 10 prior to show** **\$5** _____

Please make all checks payable to Williamsport Riding Club

Total _____

Williamsport Riding Club Attn: Children's Show

2012 Poco Farm Road, Williamsport, PA 17701

Office Use Only _____ Initials

Paid CASH _____ CHECK _____ # _____

____/____/____ Date of Rabies Vacc

____/____/____ Date of Neg. Coggins

**** All Returned Checks will be charged an additional fee per Return ****

Note: Family members may be grouped and paid with one check. Trainer or farm checks will not be accepted for students.

I understand that neither the Williamsport Riding Club, its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the WRC, its officers, board of directors, show committee, and competition judges, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the WRC, its officers, directors, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the WRC its officers, directors, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition.

Name _____

Print name

Signature _____

Signature of Parent/Guardian if Minor is registering

Date _____