

2019 WRC Dressage Schooling Show Series

Date of Show **May 4th June 1st August 24th**

Back Number _____

Entries must be postmarked a minimum of 10 days before the show including full payment. A current negative Coggins test and proof of rabies vaccination is required at registration.

Name of Rider Rider Age 1/1/19 Name of Horse Member Phone

Last Name	First Name	DOB Required		Yes / No	
Address		City/Town		State/Zip	email

Select Classes **Select High Point Division**

- High Point Divisions
- Intro Junior (1, 2, 3, 4, 5, 15)
 - Intro Senior (1, 2, 3, 4, 5, 15)11
 - Training Level Junior (6, 7, 8, 9, 10, 16)
 - Training Level Senior (6, 7, 8, 9, 10, 16)
 - First Level Junior (6, 7, 11, 12, 13, 14, 16)
 - First Level Senior (6, 7, 11, 12, 13, 14, 16)
 - Western Intro Junior (17, 18, 19, 20, 21, 22)
 - Western Intro Senior (17, 18, 19, 20, 21, 22)
 - Western Basic Junior (23, 24, 25, 26, 27, 28)
 - Western Basic Senior (23, 24, 25, 26, 27, 28)
 - Western First Level (23, 24, 29, 30, 31, 32)

Note: Two eligible tests must be ridden in the division to qualify for division high point awards.

Age Divisions: Junior rider age 14 and under and Senior 15 and over.

Tests Entered _____ X \$25 = _____

Other Classes Entered _____ 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) **\$5**

Total = _____

Please make all checks payable to Williamsport Riding Club
**** All Returned Checks will be charged a \$30 fee per Return ****

Note Trainers and Farms may not pay for student's registration with one check.
Family members may pay with one check.

Enter the class numbers entered to the right.

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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 _____ Signature _____ Date _____

Print name **Signature of Parent/Guardian if Minor is registering**

Mail Entries To (Postmarked by 4/19, 5/17 & 8/9 or at least 10 days prior to show) Williamsport Riding Club Attn: Dressage Schooling Show Series 2012 Poco Farm Road Williamsport, PA 17701	Office Use Only Paid CASH _____ CHECK _____ # _____ Intitials _____ ___/___/___ Date of Rabies Vacc ___/___/___ Date of Neg. Coggins
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