

Date of Show **May 11th** **May 25th** **May 26th** **2019 WRC Hunter Show Series** **Back Number** _____

Pre-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
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Select Classes	Select High Point Division
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- High Point Divisions**
- Leadline (1, 2, 3, 73, 77) 8 & under W/T
 - Walk Trot (4, 5, 6, 74, 78) 8 & under W/T
 - Pre-Short Stirrup (7, 8, 9, 74, 78) 8 & under
 - Short Stirrup Equitation (10, 11, 12, 74, 78) 10 & under
 - Short Stirrup Hunter (13, 14, 15) 10 & under
 - Pleasure Pony (Children's 2")(16, 17, 18)
 - Low Children's Pony 3" (19, 20, 21)
 - Children's Hunter Pony sm/med 2" lg 2'6' (22, 23, 24)
 - Jr. Equitation age 13 & under (25, 26, 27, 74, 78)
 - Sr. Equitation age 14-17 (28, 29, 30, 75, 79)
 - Adult Equitation (31, 32, 33, 76, 80)
 - Low Children's Horse (34, 35, 36)
 - Children's Hunter Horse (37, 38, 39)
 - Beginner Rider (children's only) (40, 41, 42) + (74-75 & 78-79)
 - Novice Equitation (any age) (43, 44, 45) + (74-76 & 78-80)
rider not to have won 3 blue ribbon prior to 1/1/18

- Long Stirrup (adult & children) (46, 47, 48) + (74-76 & 78-80)
 - Pleasure Horse (49, 50, 51)
 - Baby Green Hunter Horse (52, 53, 54)
 - Baby Green Hunter Pony (55, 56, 57)
 - 2' Modified Hunter Low Hunter amateur & children only (58, 59, 60)
 - Low Adult Hunter - amateur only (61, 62, 63)
 - Adult Hunter - amateur only (64, 65, 66)
 - TB Hunter (67, 68, 69)
 - Professional Division - amateur only (70, 71, 72)
- Fees:**
Classes Entered _____ X \$10 = _____
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 # entered															
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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 10 days prior to show in order to arrive on time)

Williamsport Riding Club Attn: Hunter 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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