

2020 WRC Children's Show Series Entry Form

Back Number _____

Date of Show		May 16th,	June 6th	August 8th		
Name of Rider		Rider Age 1/1/20	Name of Horse	Height	WRC Member	Phone
					Yes No	
					ECRRA Member	
Last Name		First Name	Required		Yes No	
Address		City/Town		State/Zip	eMail	

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

<p>Pleasure Divisions (Choose One)</p> <p><input type="checkbox"/> Lead Line English Pleasure (10 and Under) 1-6, 7, 13, 14, 15, 16, 17, 18 (ex12&25)</p> <p><input type="checkbox"/> Lead Line Western Pleasure (10 and Under) 1-6, 7, 19, 20, 21, 22, 23, 24 (ex12&25)</p> <p><input type="checkbox"/> 10 & Under English Pleasure (W/T) 1-6, 8, 26, 27, 28, 35, 36, 37 (ex12&25)</p> <p><input type="checkbox"/> 10 & Under Western Pleasure (W/T) 1-6, 8, 29, 30, 31, 35, 36, 37 (ex12&25)</p> <p><input type="checkbox"/> Beginner/ Novice Pleasure (W/T/J) 1-6, 8, 32, 33, 34, 35, 36, 37 (ex12&25)</p> <p><input type="checkbox"/> Therapeutic Rider Maximum Assistance 11, 44, 45, 50, 51, 52</p> <p><input type="checkbox"/> Therapeutic Rider Minimum Assistance 11, 46, 47, 53, 54, 55 (ex12&25)</p> <p><input type="checkbox"/> Junior Youth English Pleasure (13 & under) 1-6, 9, 59, 60, 61, 65, 66, 67 (ex12, 25, 38)</p> <p><input type="checkbox"/> Junior Youth Western Pleasure (13 & under) 1-6, 9, 62, 63, 64, 65, 66, 67 (ex12, 25, 38)</p> <p><input type="checkbox"/> Senior Youth English Pleasure (14-18) 1-6, 10, 68, 69, 70, 74, 75, 76 (ex12, 25, 38)</p> <p><input type="checkbox"/> Senior Youth Western Pleasure (14-18) 1-6, 10, 71, 72, 73, 74, 75, 76 (ex12, 25, 38)</p> <p><--- Click here if you are entering one or more Open Divisions Only</p>	<p>Open Divisions (Choose One or More)</p> <p><input type="radio"/> Youth Cross Rails 90, 91, 92, 93 (ex 89)</p> <p><input type="radio"/> Youth Hunter Division 99, 100, 101 (ex 98)</p> <p><input type="radio"/> Ranch Horse Division: 4 or 5, 39, 40, 41, 42, 43 (ex12, 25, 38)</p> <p><input type="radio"/> Therapeutic Rider Advanced Division 11, 48, 49, 56, 57, 58 (ex12, 25, 38)</p>
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Class Numbers Entered																				
For Office Use	Place																			
	Points																			

<p>Class Fee _____ x _____ = \$ _____</p> <p>Number Fee per horse/rider combination - same # for the entire season not refundable \$2 _____</p> <p>Grounds Fee (WRC Members Exempt - Proof of Membership Required) \$5 _____</p> <p>Office Fee (Per Horse/Rider Combination) \$5 _____</p> <p style="text-align: right;">Show Total _____</p> <p>WRC Membership (Family\$30 Individual\$20) _____</p> <p>Please make all checks payable to Williamsport Riding Club</p> <p>** All Returned Checks will be charged an additional fee per Return **</p>	<p>Williamsport Riding Club Attn: Children's Show Series</p> <p>2012 Poco Farm Road, Williamsport, PA 17701</p> <hr/> <p>Office Use Only _____ Initials _____</p> <p>Paid CASH _____ CHECK _____ # _____</p> <p>___/___/___ Date of Rabies Vacc</p>
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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

Horse Number _____ Horse Name _____ Height _____
Class Number _____ Rider _____

Horse Number _____ Horse Name _____ Height _____
Class Number _____ Rider _____

Horse Number _____ Horse Name _____ Height _____
Class Number _____ Rider _____

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Class Number _____ Rider _____

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Class Number _____ Rider _____

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Class Number _____ Rider _____

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Class Number _____ Rider _____
