

## 2020 WRC Dressage Schooling Show Series

Date of Show **May 9<sup>th</sup> June 7<sup>th</sup> August 1<sup>st</sup>**

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 1/1/20 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 Youth or Adult**

- High Point Divisions**
- Intro Youth (1, 2, 3, 4, 5)     Third Level (20, 21, 37, 38, 39)
  - Intro Adult (1, 2, 3, 4, 5)
  - Western Intro Youth (6, 7, 8, 9, 10, 11)
  - Western Intro Adult (6, 7, 8, 9, 10, 11)
  - Training Level Youth (12, 13, 14, 15, 16)
  - Training Level Adult (12, 13, 14, 15, 16)
  - First Level Youth (12, 13, 17, 18, 19)
  - First Level Adult (12, 13, 17, 18, 19)
  - Second Level Youth (20, 21, 22, 23, 24)
  - Second Level Adult (20, 21, 22, 23, 24)
  - Western Basic Youth (27, 28, 29, 30, 31, 32)
  - Western Basic Adult (27, 28, 29, 30, 31, 32)
  - Western First Level Youth (40, 41, 33, 34, 35, 36)
  - Western First Level Adult (40, 41, 33, 34, 35, 36)

*Exhibition Tests- Prix Caprilli (25 intro Level & 26 Training level)*  
*Note: Two eligible tests must be ridden in the division to qualify for division high point awards.*

Age Divisions:  Youth:  Jr age 13 and under,  Sr age 14 -18.  
 Adult: over age 18

**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 _____ # _____	_____ Initials
___/___/___ Date of Rabies Vacc ___/___/___ Date of Neg. Coggins	