# 2020 WRC Contest/Gaming Show Series

**Date of Show** **April 18th** **May 23rd** **June 14th** **Back Number**_____

| Name of Rider | | Rider Age 1/1/20 | Name of Horse | Member | Phone |
|---|---|---|---|---|---|
| Last Name | First Name | | | Yes No | |

| Address | City/Town | State/Zip | eMail |
|---|---|---|---|
| | | | |

**High Point Divisions**

Points here are tracked for series day end, Year-end series and Members Year-end & overall awards

- ☐ **Adult Gymkhana Division** Classes - 3, 7, 10, 13, 16, 19
- ☐ **Youth Gymkhana Division** Classes - 4, 8, 11, 14, 17, 20
- ☐ **Trot Gymkhana Division** Classes - 5, 9, 12, 15, 18, 21

**Exhibition Classes**

Points here are tracked for Yearend overall awards

- ☐ Exhibition Barrels Class #1 (1 Point for entering)

(Below: Placed & points for entering the class)

- ☐ Exhibition Egg and Spoon Race 22#
- ☐ Exhibition Ribbon Race #23 (team of two)
- ☐ Exhibition Costome Class #24

**Mail Pre-Entries to:**

**Williamsport Riding Club**
**Attn: Gaming Show Series**
**2012 Poco Farm Road**
**Williamsport, PA 17701**

**Jackpot Classes**: 2 Barrels, 6 Dash for Cash

| **Class Numbers Entered** | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| For Office Use | Place | | | | | | | | | | | | | | | | | |
| | Points | | | | | | | | | | | | | | | | | |

**Exhibition classes entered (class #1, #22, #23 & #24)** _____ **x $5 = $** _____

**Regular classes $8 each** _____ **x $8 = $** _____

**Jackpot classes entered** **class #2 & #6** _____ **x $10 = $** _____

**Pay by Division** **(6 classes)** **$25 = $** _____

**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**

**Office Use Only**

**Paid CASH** _____ **CHECK** ____ **#**_____

__/__/____ Date of Rabies Vacc

_____**Intitials** __/__/____ Date of Neg. Coggins

*A current negative Coggins test and proof of rabies vaccination is required at registration.*

**Please make all checks payable to Williamsport Riding Club** **Total $** _____

**** 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* _____ *Signature* _____ *Date* _____

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