

Note: Fillable form - must be downloaded and file saved first. Then the form can be filled out and submitted.

2021 WRC Children's Show - English Day

Back Number _____

Date of Show **May 15th** **June 12th**

Name of Rider		USEF Age 12/1/20	Name of Horse	Member	Phone
Last Name	First Name			Yes / No	
Address		City/Town	State/Zip	email	Pony or Horse Height

Select Division below – **Circle** Classes Entered

- Trot Youth Cross Rails Division **4, 5, 6, 7**
- Youth Cross Rails Division **8, 9, 10, 11**
- E. Leadline Division **12, 13, 14, 15**
- Youth Hunter Division **16, 17, 18, 19**
- E. (10 & Under) Pleasure Division (Walk/Trot) **20, 21, 22, 23**
- E. Beginner Rider Division (1st/2nd years of showing, 11-17) **24, 25, 26, 27**
- E. Junior Pleasure Division (13 & Under) **28, 29, 30, 31**
- E. Senior Pleasure Division (14-17) **32, 33, 34, 35**
- E. Beginner Horse/Pony Division (1st/2nd years of showing) **49, 50, 51, 52**

Exhibition Fun Classes Judged:

- 89** Steady Eddy W/T
- 90** Grooms Class W/T
- 91** Adult/Youth Challenge W/T Unique number will be assigned day of show

Partner Names: Adult _____ Youth _____

- WRC E. Leadline Division **1 or 2 or 3, 95, 100, 105**
- WRC E. (10 & Under) Division **1 or 2 or 3, 96, 101, 106**
- WRC E. Junior Division (13 & Under) **1 or 2 or 3, 97, 102, 107**
- WRC E. Senior Division (14-17) **1 or 2 or 3, 98, 103, 108**

Select Division below – **Circle** Classes Entered

Exhibition Fun Classes Timed:

- 85** Egg & Spoon
- 86** Ride & Run
- 87** Lollipop W/T
- 88** Lollipop W/T/C

Fees: Please make all checks payable to Williamsport Riding Club

Divisions Entered _____ X \$35 = _____
Exhibition Contest or Fun _____ X \$ 5 = _____
\$5 Grounds Fee (WRC Members Exempt - Proof of Membership Required) **\$5**
\$10 Office Fee (Per Horse / Rider Combination same back # for the season) **\$10**

(Late fee: registration after 5 p.m. Wednesday, \$25) date received ___/___/___ = _____

Total = _____

Please make all checks payable to Williamsport Riding Club

All riders must have a signed waiver prior to schooling or showing. WRC assigned back number must be visible.
 All returned checks will be charged under ReSubmit. Trainers or Farms may not pay for student's registration with one check.

WRC Membership Fee, \$20 Individual or \$30 Family - separate documentation & check required.

WRC is practicing Social Distancing. To limit exposure to you and show staff.

Entries Due by 5 p.m. Wednesday prior to show by Emailing signed registration including required documentation to show manager Amy Rankinen at: amy.rankinen@gmail.com (570) 660-5085

Adding classes day of show is permitted.

Did you submit: ___ Registration Form ___ Individual class slips ___ Coggins ___ Rabies
 ___ Membership Office open by 7 a.m. Drop off check & pick up number.

Enter Class Numbers Below:

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

Email entries as instructed above or snail mail Pre-entries to below address. 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. Mail Entries To:

Williamsport Riding Club
Attn: Childrens Show Series English Day - Saturday
2012 Poco Farm Road
Williamsport, PA 17701

Office Use Only

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

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

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