

## 2021 WRC Miniature Horse Show Series

Date of Show April 17th May 2nd May 23rd

Back Number \_\_\_\_\_

Name of Rider		Rider Age 1/1/20	Name of Horse	Member	Phone
				Yes No	
Last Name	First Name				
Address		City/Town	State/Zip	eMail	

High Point Divisions	Entry by email	Snail Mail Entry Due
Points here are tracked for series day end, Year-end series and Members Year-end & overall awards <input type="checkbox"/> Miniature Horse Youth Division Classes - 1, 2, 5, 22, 23, 26 <input type="checkbox"/> Miniature Horse Adult Division Classes -1, 3, 5, 22, 24, 27 <input type="checkbox"/> Miniature Horse Therapeutic Division Classes - 1, 4, 5, 22, 25, 28  <input type="checkbox"/> Miniature Horse Jumping Division Classes - 6, 10, 11	WRC is practicing social distancing <b>pre entry is required</b> to limit points of contact for our safety and yours. <b>Enties Due:</b> Wednesday prior to the show by emailing official <u>signed</u> registration and required documentation to <a href="mailto:amy.rankinen@gmail.com">amy.rankinen@gmail.com</a>  Late fee is \$25 after 5pm Wednesday.	<b>Postmarked 10 Days Prior to Show</b> <b>Williamsport Riding Club</b> <b>Attn: Miniature Show Series</b> <b>2012 Poco Farm Road</b> <b>Williamsport, PA 17701</b>

Class Numbers Entered															
For Office Use	Place														
	Points														

Submit your individual class slips with pre-registration (fillable form available)

Pay by Driving Division (6 classes)      \$50 = \$ \_\_\_\_\_

Jumping Division (3 classes)              \$15 = \$ \_\_\_\_\_

Grounds Fee (WRC Members Exempt - Proof of Membership Required)      \$ 5

Office Fee (Per Horse / Rider Combination) Number Fee is Included      \$ 10

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.*

Office Use Only	
Paid CASH _____ CHECK _____ # _____	Date of Rabies Vacc _____/_____/____
_____ Initials _____	Date of Neg. Coggins _____/_____/____
A current negative Coggins test and proof of rabies vaccination is required at registration.	

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name

Signature of Parent/Guardian if Minor is registering