

2022 WRC Dressage Schooling Show Series

Date of Show **April 30th**

May 21st

June 4th

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		Date of Birth	Rider Age 12/1/21	Name of Horse		Member	Phone	
First Name	Last Name					Yes No		
Address		City/Town		State	Zip	email		Pony or Horse Height

Select High Point Division	Select High Point Division
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- Intro Youth (1, 2, 3, 4, 5)
- 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 12, 13, 17, 18, 19)
- Second Level (20, 21, 22, 23, 24)
- Third Level (20, 21, 25, 26, 27)
- Western Basic Youth (28, 29, 30, 31, 32, 33)
- Western Basic Adult (28, 29, 30, 31, 32, 33)
- Western First Level Youth (34, 35, 36, 37, 38, 39)
- Therapeutic (54, 55, Test of Choice - Test 1, Test 2)

Note: Two eligible tests must be ridden in the division to qualify for day end division high point awards. To qualify for Series end and Member Year end Awards two show must be attended.

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

Tests Entered _____ **X \$25 =** _____
Other Classes Entered _____ **X \$ 8 =** _____

Grounds Fee (WRC Members Exempt - Proof of Membership Required) **\$5**
Office Fee (Per Horse / Rider Combination- same # for the entire season) **\$10**

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.

WRC Membership fee, \$20 Individual or \$30 Family – separate documentation & check required

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 _____ also notify by email williamsportrc@gmail.com

Williamsport Riding Club
Attn: Dressage Schooling Show Series
2012 Poco Farm Road
Williamsport, PA 17701

Mail 10 days prior
to show for timely
postal delivery

Office Use Only	
Paid CASH _____ CHECK _____ # _____	Initials _____
___/___/___ Date of Rabies Vacc ___/___/___ Date of Neg. Coggins	