2023 WRC Dressage Schooling Show Series

Date of Show **April 29th** **May 27th** **June 3rd** **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 12/1/22	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 (CIRCLE) class entered below

- ❑ Intro Youth (1, 2, 3, 4, 5)
- ❑ Intro Adult (1, 2, 3, 4, 5)
- ❑ Western Intro Youth (6, 7, 8, 9, 10)
- ❑ Western Intro Adult (6, 7, 8, 9, 10)
- ❑ Training Level Youth (12, 13, 14, 15, 16)
- ❑ Training Level Adult (12, 13, 14, 15, 16)
- ❑ First Level all ages 12, 13, 17, 18, 19)
- ❑ Second Level all ages (20, 21, 22, 23, 24)
- ❑ Third Level all ages (20, 21, 25, 26, 27)
- ❑ Western Basic Youth (28, 29, 30, 31, 32)
- ❑ Western Basic Adult (28, 29, 30, 31, 32)
- ❑ Western First Level Youth (34, 35, 36, 37, 38)
- ❑ Therapeutic Minimum (54, 55, 56 Test of Choice –Test 1, 57 Test 2)
- ❑ Therapeutic No Attendant (54, 55, 58 Test of Choice –Test 1, 59 Test 2)

Therapeutic list the tile of test to be ridden _____

Select High Point Division

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.

Divisions: **Youth**: ❑ Jr age 13 and under ❑ Sr age 14 -18

Adult: ❑ age over 18 .....

Therapeutic ❑**Minimum Assistance:** ❑ **Not Assisted**

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**

WRC is practicing Social distancing. For our safety and yours!

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

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 pat@pleasantvalleyfarm.net

Pat McQuiston
Attn: WRC Dressage Show Series
P.O. Box 111
Cogan Station, PA 17728

Mail 10 days prior to show for timely postal delivery

Office Use Only

Paid CASH _____ **CHECK** _____ **#**_____ _____**Initials**

__/__/____ Date of Rabies Vaccination

__/__/____ Date of Neg. Coggins