

2025 WRC Dressage Schooling Show Series

Date of Show **May 17th** **May 31st** **June 7th** 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 12/1/24	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 indicate class entered below in boxes provided	Select High Point Division
<input type="checkbox"/> Intro Youth (1, 2, 3, 4, 5) <input type="checkbox"/> Intro Adult (1, 2, 3, 4, 5) <input type="checkbox"/> Western Intro Youth (6, 7, 8, 9, 10) <input type="checkbox"/> Western Intro Adult (6, 7, 8, 9, 10) <input type="checkbox"/> Training Level Youth (12, 13, 14, 15, 16) <input type="checkbox"/> Training Level Adult (12, 13, 14, 15, 16) <input type="checkbox"/> First Level all ages 12, 13, 17, 18, 19) <input type="checkbox"/> Second Level all ages (20, 21, 22, 23, 24) <input type="checkbox"/> Third Level all ages (20, 21, 25, 26, 27) <input type="checkbox"/> Western Basic Youth (28, 29, 30, 31, 32) <input type="checkbox"/> Western Basic Adult (28, 29, 30, 31, 32) <input type="checkbox"/> Western First Level Youth (34, 35, 36, 37, 38) <input type="checkbox"/> Therapeutic 1 attendant (54, 55, 56 Test of Choice –Test 1, 57 Test 2) <input type="checkbox"/> Therapeutic No Attendant (54, 55, 58 Test of Choice –Test 1, 59 Test 2) <input type="checkbox"/> Lead line Division (60, 61, 62, 63) <input type="checkbox"/> Prix Caprelli (Intro level 64) <input type="checkbox"/> Prix Caprelli Training level 65)	<p style="font-size: small;"><i>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.</i></p> <p>Divisions: <input type="checkbox"/> Lead line: age 10 and under <input type="checkbox"/> Jr Youth: age 13 and under <input type="checkbox"/> Sr Youth: age 14 -18 <input type="checkbox"/> Adult: age over 18 <input type="checkbox"/> Therapeutic: Any age</p> <p>Tests Entered _____ X \$25 = _____ Other Classes Entered _____ X \$10 = _____ Grounds Fee (WRC Members Exempt - Proof of Membership Required) \$ 5 Office Fee (Per Horse / Rider Combination) \$10 (Per Horse / Rider Combination - same # for the entire season)</p> <p style="text-align: right;">Total = _____</p> <p>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.</p> <p>WRC Membership fee, \$20 Individual or \$30 Family – separate documentation & check required Leadline and Therapeutic- Any style riding accepted. Equine may be ridden in the division more than once.</p>

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 _____
 Adult 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 Email notification also to confirm entry was sent. Please note due to the nature of scheduling dressage rides, when "buying your ride time slot" if you scratch for any reason and your ride time cannot be filled exhibitors are still responsible for pmt.

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