

# 2025 WRC Fall Dressage Schooling Show Series

**Date of Show**      **October 4th**      **October 11th**      **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
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- Intro Youth (1, 2, 3)
- Intro Adult (1, 2, 3)
- Western Intro Youth (4, 5, 6, 7)
- Western Intro Adult (4, 5, 6, 7)
- Training Level Youth (8, 9, 10)
- Training Level Adult (8, 9, 10)
- First Level all ages (11, 12, 13)
- Second Level all ages (14, 15, 16)
- Test of Choice all ages (17, 18)
- Western Basic Youth (19, 20, 21, 22)
- Western Basic Adult (19, 20, 21, 22)
- Western Level 1 (23, 24, 25, 26)
- Therapeutic 1 attendant (27 Test of Choice – Test 1, 28 Test 2)
- Therapeutic No Attendant (29 Test of Choice – Test 1, 30 Test 2)
- Lead line Traditional (31, 32) Therapeutic list the title of test to be ridden – 1 test must have a trot element
- Lead line Western (31, 32) \_\_\_\_\_
- Prix Caprelli (Intro level 33) \_\_\_\_\_
- Prix Caprelli Training level 34) \_\_\_\_\_

*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.*

<b>Tests Entered</b>	_____ X \$25 = _____
<b>Other Classes Entered</b>	_____ X \$10 = _____
<b>Grounds Fee</b> (WRC Members Exempt - Proof of Membership Required)	<b>\$ 5</b>
<b>Office Fee</b> (Per Horse / Rider Combination) <small>(Per Horse / Rider Combination - same # for the entire season)</small>	<b>\$10</b>
<b>Total =</b>	_____

**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  
 Leadline and Therapeutic- Any style riding accepted. Equine may be ridden in the division more than once.

*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](mailto: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