

2026 WRC Open & Miniature Show Series

Date of Show	May 30 th	June 27 th	September 5 th	Back Number			
Name of Rider		Date of Birth	Rider Age 12/1/25	Name of Horse		Member	Phone
						Yes No	
Last Name		First Name					
Address		City/Town		State	Zip	email	Pony or Horse Height

Select High Point Division

- 1. Miniature Horse Youth (13 & Under) **1,6,18,21,23,61,63,66,70,72**
- 2. Miniature Horse Adult (18 & Over) **2,7,19,22,24,62,64,67,70,72**
- 3. Miniature Horse Therapeutic **3,8,20,23,25,63,65,68,70,72**
- 4. Miniature Horse Jumping **55,56,57**
- 5. Miniature Horse Jumping Therapeutic **58,59,60**
- 6. Therapeutic Pleasure **4 or 5,9 or 10,11,12,13,69,71**
- 7. Leadline Pleasure (10 & under) Any seat **4 or 5,9,14,15,16,17,26,69,71**
- 8. Youth Pleasure (Under 18) **4 or 5,9,21,27,41,46,53,69,71**
- 9. Adult Pleasure (18 & Over) **4 or 5,10,22,28,42,47,54,69,71**
- 10. Ranch (any age) **4 or 5,41 or 42,50,51,52**
- 11. Contest Youth (13 & Under) **29,31,33,35,37,39**
- 12. Contest Adult (18 & Over) **30,32,34,36,38,40**
- 13. Green Horse/Pony **43,44,45**
- 14. Hunter Hack **48,49**

Enter Class Numbers From Left to Right (*The class slips are filled out automatically.*)

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Fees: Please make all checks payable to Williamsport Riding Club

Divisions Entered 1,2,3,6,7,8,9,10,11,12 _____ X \$ 55 = _____
Miniature Horse Jumping Division 4
Miniature Horse Jumping Therapeutic Division 5
Green Horse/Pony Division 13
Hunter Hack Division 14

Grounds Fee (WRC Members Exempt - Proof of Membership Required) **\$5**
Office Fee \$10 (Per Horse / Rider Combination same back # for the season) **\$10**
 (Late fee: registration after 5 p.m. Wednesday, \$20) date received / / = _____
Total = _____

All riders must have a signed waiver prior to schooling or showing. WRC assigned back number must be visible.
 All returned checks will be charged under ReSubmit. Trainers or Farms may not pay for student's registration with one check.

Entries Due by 5 p.m. Wednesday prior to show by saving and emailing to club email.

Email required documentation to show manager at: williamsportrc@gmail.com

Adding classes day of show is permitted.

Office open by 7 a.m. Drop off check & pick up number.

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. PHOTO RELEASE: I hereby grant the Williamsport Riding Club permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I agree to sign this agreement electronically.

Name _____ Signature _____ Date _____
Print name Print name of Parent/Guardian if Minor is registering

Email entries as instructed above or snail mail Pre-entries to below address. 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. Mail Entries To:

Williamsport Riding Club
Attn: Fun & Miniature Horse Show Series
2012 Poco Farm Road
Williamsport, PA 17701

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

Horse Number _____ Horse Name _____ Height _____

Class Number _____ Rider _____

Horse Number _____ Horse Name _____ Height _____

Class Number _____ Rider _____

Horse Number _____ Horse Name _____ Height _____

Class Number _____ Rider _____

Horse Number _____ Horse Name _____ Height _____

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