

2026 Wild & Wooly Open Schooling Show WRC Pointed – Saturday

Date of Show	April 18 th	April 25 th	May 9 th	Back Number			
Name of Rider		Date of Birth	Rider Age 12/1/25	Name of Horse		Member	Phone
Last Name		First Name				Yes No	
Address		City/Town		State	Zip	email	Pony or Horse Height

Select High Point Division

- Therapeutic Maximum Assistance (any age) Any seat **5,6,7,8**
- Therapeutic Minimum Assistance (any age) Any seat **9,10,11,12**
- Leadline Pleasure Division **13,14,15,16**
- Therapeutic Advanced Rider (any age) Any seat **17,18,19,20**
- (10 & Under) Pleasure Division (Walk/Jog) **21,22,23,24**
- Open Beginner Rider Division (1st/2nd year of showing - 11 to 17) **25,26,27,28**
- Junior Pleasure Division (13 & Under) **29, 30, 31, 32**
- Senior Pleasure Division (14-17) **33, 34, 35, 36**
- Open Masters Pleasure Division W/T/J (over 40) Any seat **37,38,39,40**
- Open Adult Pleasure Division (18 & over by 12/1/2024) **41,42,43,44**
- Open Ranch Horse (Using ECRRA patterns & rules) **46,47,48,49,50**
- Open Adult W/T/J (18 & over by 12/1/2024) Any seat **51,52,53,54**
- Open Beginner Horse/Pony (Any seat) **55,56,57,58**
- Hunter Flat Youth (under 18) Dressage or Hunt Tack **59,60,61,62**
- Adult Hunter Flat (any age) **63,64,65,66**
- Hunter Hack (any age) **67,68,69**
- Leadline Trail Area Any seat **1 or 2, 103, 104,105,106**
- 10 & Under Trail Area Any seat **1 or 2, 107,108,109,110**
- Jr. Rider Trail Area (13 & Under) Any seat **1 or 2,111,112,113,114**
- Sr. Rider Trail Area (14 - 17) Any seat **1 or 2,115,116,117,118**
- Open Adult Trail Area (18 & over) Any seat **4,119,120,121,122**
- Therapeutic Trail Area (Any age) Any seat **1 or 2 or 4, 123,124,125,126**

- Miniature Horse Therapeutic **3,127,128,129,130,131**
- Miniature Horse Youth **3,132,133,134,135,136**
- Miniature Horse Adult **3,137,138,139,140,141**
- Open Contest **70,72,74,76,78**
- Walk Trot Contest **71,73,75,77,79**
- Lead Line Contest (10 & Under) **80,81,82,83,84**

Divisions Entered ____ X ____ =

Galen Memorial Pleasure Stake Class #45 =

Grounds Fee (WRC Members Exempt - Proof of Membership Required) =

Office Fee \$10 (Per Horse / Rider Combination same back # for the season) =

(Late fee: registration after 5 p.m. Wednesday, \$25) date received __/__/__

Total = _____

Fees: Please make all checks payable to **Wild & Wooly Horse Show**

- 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.

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

Must enter class numbers below across left to right (The class slips are filled out automatically for you.)

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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. I agree to sign this agreement electronically.

Name _____ Signature _____ Date _____
Print Name Signature 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:

Amy Rankinen
Attn: Wild & Wooly Schooling Show Series Saturday Office open by 7 a.m. Drop off check & pick up number.
130 Middle Rd
Jersey Shore, PA 17740

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 _____

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