

# 2017 WRC Members Only Double Pointed Charity Show Entry Form

Back Number \_\_\_\_\_

Date of Show **April 8th**

Name of Rider		Rider Age 1/1/17	Name of Horse	Member	Phone
<small>Last Name</small>	<small>First Name</small>	<small>Required</small>		Yes No	
Address		City/Town	State/Zip	eMail	

Indicate division(s) for points. In each category, choose one Pleasure, one Gymkhana, and any Open divisions that apply.

Pleasure Division Choose one

<input type="checkbox"/> Leadline (10 & Under) 4, 11, 12, 13, 14, 56, 57	<input type="checkbox"/> Min Therapeutic 5, 8, 9, 10, 56, 57, 66	<input type="checkbox"/> Gymkhana (Trot) 68, 73, 78, 83, 87
<input type="checkbox"/> 10 & Under Pleasure (W/T/J) 4, 17, 18, 19, 56, 57, 64	<input type="checkbox"/> Max Therapeutic 5, 8, 9, 10, 56, 57, 66	<input type="checkbox"/> Gymkhana (Canter) 69, 74, 79, 84, 88
<input type="checkbox"/> Jr. Youth Pleasure (14 & Under) 4, 37, 38, 39, 56, 57, 64	<input type="radio"/> Sport Horse 7, 24, 25, 26, 33	<input type="checkbox"/> Gymkhana Draft/Draft X 70, 75, 80, 85, 89
<input type="checkbox"/> Sr. Youth Pleasure (15-18) 4, 40, 41, 42, 56, 57, 64	<input type="radio"/> Ranch Horse 49, 50, 51, 52	Opportunity Classes 15, 16, 20, 34, 35, 36 43, 44
<input type="checkbox"/> Novice Youth Pleasure (W/T)(11 to 18) 4, 27, 28, 29, 56, 57, 64	<input type="radio"/> Miniature Horse 2, 3, 53, 54, 55, 60	67 Barrels, 72 Key, 77 D/B, 82 Needle, 86 Donut
<input type="checkbox"/> Novice Adult (over 18)(W/T) 6, 30, 31, 32, 56, 57, 65	<input type="radio"/> Miniature Horse Jumping 58 and 59	Jack Pot Classes 33, 48
<input type="checkbox"/> Masters Pleasure (W/T /J)(30 and over) 6, 21, 22, 23, 56, 57, 65	<input type="radio"/> Miniature Horse Driving 61, 62 & 63	71 barrles, 76 Keyhole, 81 Dash for Cash
<input type="checkbox"/> Adult Pleasure (over 18) 6, 45, 46, 47, 56, 57, 65		

Class Numbers Entered																			
For Office Use	Place																		
	Points																		

<b>Jackpot Classes Entered</b> _____ x <b>10</b> = \$ _____ <b>Regular Rate Classes Entered</b> _____ x <b>8</b> = \$ _____ <b>Number Fee</b> per horse/rider combination - same # for the entire season not refundable <b>\$2</b> _____ <b>Grounds Fee</b> (WRC Members Exempt - Proof of Membership Required) <b>\$5</b> _____ <b>Office Fee</b> (Per Horse/Rider Combination) <b>\$5</b> _____ <b>Please make all checks payable to Williamsport Riding Club</b> <b>Total</b> _____	<b>Williamsport Riding Club</b> Attn: <b>Members Only DP Charity Show</b> <b>2012 POCO Farm Road, Williamsport, PA 17701</b> <b>Office Use Only</b> _____ <b>Initials</b> _____ <b>Paid CASH</b> _____ <b>CHECK</b> _____ <b>#</b> _____ ___/___/___ <b>Date of Rabies Vacc</b> ___/___/___ <b>Date of Neg. Coggins</b>
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**\*\* All Returned Checks will be charged an additional fee per Return \*\*** Note: Family members may be grouped and paid with one check. Trainer or farm checks will not be accepted for students.

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