2016 Williamsport Riding Club Members Only Show Series Entry Form										Back Number										
	Date of Show		y 2nd	Oct 1				Pre	-Entries F	Postmark	ed by 6/2	3 & 10/1	1							
Name of Rider	Name of Rider Rider Age 1/1/16			Name of Horse				Member				Phone								
Last Name	First Name	Required						Yes	No											
Address	i ii st ivaine	Required	City/To	vn			State/Zi		INO				el\	/lail						
								e.nun												
	licate division	(s) for points	. In each	category	, choose	e <u>one</u> Pl	<mark>leasure</mark>	one G	<mark>ymkhana</mark>	a, and <u>a</u>	<mark>ıny</mark> Ope	n divisi	ons tha	t apply.						
Leadline (10 and under) 2, 8,																				
Walk-Halt (11 and over) 2, 12	2, 13, 14																			
Therapeutic 2, 5, 6, 7																				
🔲 10 & Under Pleasure (W/T/J)	3, 17, 18, 19,	, 50, 61, 62																		
Jr. Youth Pleasure(14 and Ur	nder) 3, 33, 34	1, 35, 51, 61,	62			_														
										rot/Jog) 64, 68, 72, 75, 79										
										Canter) 65, 69, 73, 76, 80										
Novice Adult (over 18)(W/T)	4, 27, 28, 29,	50, 61, 62				_														
Masters Pleasure (W/T /J)(30	and over) 4,	21, 22, 23, 5	0, 61, 62						45, 46, 4											
Adult Pleasure (over 18) 4, 4	2, 43, 44, 51,	61, 62	•		T.	<u>     O</u>	Miniatu	ire Hors	e 52, 53	3, 54, 5 <u>5</u>	5, 56, 5	7, 58, 5	9, 60							
Class Numbers Entere	d																			
For Office Use	Place																			
	Points																			
Jackpot class no discount for pre entry					x = \$					Mail Pre-Entries to:										
Pre-Registered Classes Entered					x = \$				Williamsport Riding Club Attn: MO Show Series											
Post-Registration Classes Entered					x = \$				2012 Poco Farm Road, Williamsport, PA 17701											
Number Fee per horse/rider combination - same # for the entire season not refund															_					
Grounds Fee (WRC Members Exempt - Proof of Membership Required)										i CA	ASH		CHECK	ζ	#					
Office Fee (Per Horse/Rider Combination)					<b>\$5</b> _				/_/ Date of Rabies Vacc /_/ Date of Neg. Coggin											
Please make all checks payable to Williamsport Riding Club Total											Date	or neg.	Coggins	,						
	** All Re	turned Checks	will be charge	ed a \$30 fe	e per Retu	rn **														
I understand that neither the Williamspo	ort Ridina Club i	its officers hos	ard of directo	ors. judae	s. or orga	nizina co	mmittee	accent a	any respo	nsibility f	or accide	nts. dam	age iniu	ırv or illne	ess to the	horses o	wners r	riders		
trainers, spectators or any other person																				
rules of this competition; (2) that every		•		` '	•		•		•		, ,		_				•			
hold the WRC, its officers, board of dire serious injury or death and by participa				•		•							•			•				
from and against all claims including ar																				
all claims for loss or injury caused by m						•	•		y :			•	, .	,		,	,	,		
Nama				Signatu	rο									Deto						
NamePrint name									Date of Parent/Guardian if Minor is registering											