

2017 WRC Wednesday Night Gaming Show Series

Date of Show April 12th May 10th June 7th Pre and post-entry

Back Number _____

Name of Rider		Rider Age 1/1/17	Name of Horse	Member	Phone		
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No	
Yes	No						
Last Name	First Name						
Address		City/Town	State/Zip	eMail			

High Point Divisions	Mail Pre-Entries to:
<input type="checkbox"/> Trot/Jog Gymkhana - Classes - 2, 9, 16, 23, 29, 36 <input type="checkbox"/> Junior Youth Gymkhana - Classes - 3, 10, 17, 24, 30, 37 <input type="checkbox"/> Senior Youth Gymkhana (15 - 18) 4, 11, 18, 25, 31, 38 <input type="checkbox"/> Adult Gymkhana - Classes - 5, 12, 19, 26, 32, 39 <input type="checkbox"/> Draft Horse Gymkhana - Classes - 6, 13, 20, 27, 33, 40	Williamsport Riding Club Attn: Gaming Show Series 2012 Poco Farm Road Williamsport, PA 17701

Members Only Opportunity - 1, 8, 15, 22, 28, 35 **Jackpot Classes: 7 Barrels, 14 Keyhole, 21 Dash for Cash, 34 Poles**

Class Numbers Entered																			
For Office Use	Place																		
	Points																		

Regular Classes entered _____ x \$5 = \$ _____

Jackpot classes entered _____ x \$10 = \$ _____

Number Fee per horse/rider combination - same # for the entire season (not refundable) \$ 2

Grounds Fee (WRC Members Exempt - Proof of Membership Required) \$ 5

Office Fee (Per Horse / Rider Combination) \$ 5

Please make all checks payable to Williamsport Riding Club Total \$ _____

Office Use Only
Paid CASH _____ CHECK _____ # _____ Date of Rabies Vacc _____/_____/_____ Intitials _____/_____/_____ Date of Neg. Coggins _____ <small>A current negative Coggins test and proof of rabies vaccination is required at registration.</small>

**** 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