2017 Baroque Equestrian Games LLC, Dressage Schooling Show hosted by Williamsport Riding Club

Date of Show **April 9th** **May 14th** **June 4th** **Back Number**_____

Entries must be postmarked a minimum of 10 days before the show including full payment.

Name of Rider		Rider Age 1/1/17	Name of Horse	Member	Phone
Last Name	First Name	*Required*		Yes No	

Address	City/Town	State/Zip	eMail

Select Classes

1. Ground Work One Initiate
2. Ground Work Two Equilibre
3. Classical Schooling Initiate One
4. Classical Schooling Initiate Two
5. Classical Schooling Initiate Three
6. Classical Schooling Equilibre One
7. Classical Schooling Equilibre Two
8. Classical Schooling Equilibre Three
9. Musical Presentation Initiate
10. Musical Presentation Equilibre

Select High Point Division

Note: Groundwork and at least one classical schooling level ride must be preformed to qualify for division high point awards.

Day End Championship Divisions

- ○ Initiate 1, 3, 4, 5
- ○ Equilibre 2, 6, 7, 8
- ○ Musical Presentation Initiate
- ○ Musical Presentation Equilibre

Tests Entered _____ x $25 $ = _____

Other Classes Entered N/A x $ = _____

Number Fee per horse/rider combination - same # for the entire season (not refundable) N/A Donated

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

Office Fee (Per Horse / Rider Combination) $5

Total = _____

Please make all checks payable to Williamsport Riding Club

****** All Returned Checks will be charged a $30 fee per Return ******

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, Baroque Equestrian Games, LLC 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**

For Office Use Below

Class Numbers Entered																				
For Office Use	Place																			
	Points																			

Mail Entries To

Williamsport Riding Club
Attn: Dressage Schooling Show Series
2012 Poco Farm Road
Williamsport, PA 17701

Office Use Only

Paid CASH _____ **CHECK** ____ **#**_____ _____**Intitials**

__/__/____ Date of Rabies Vacc

__/__/____ Date of Neg. Coggins

A current negative Coggins test and proof of rabies vaccination is required at registration.