

2017 WRC Open Show Series Entry Form

Back Number _____

Date of Show **April 30th** **May 20th**

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

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

- Pleasure Division Choose one
- Leadline (10 and under) 4, 11, 12, 13, 14, 56, 57
 - 10 & Under Pleasure (W/T/J) 4, 17, 18, 19, 56, 57, 64
 - Jr. Youth Pleasure (14 and Under) 4, 37, 38, 39, 56, 57, 64
 - Sr. Youth Pleasure (15-18) 4, 40, 41, 42, 56, 57, 64
 - Novice Youth Pleasure (W/T)(11 to 18) 4, 27, 28, 29, 56, 57, 64
 - Novice Adult (over 18)(W/T) 6, 30, 31, 32, 56, 57, 65
 - Masters Pleasure (W/T /J)(30 and over) 6, 21, 22, 23, 56, 57, 65
 - Adult Pleasure (over 18) 6, 45, 46, 47, 56, 57, 65
- Min Therapeutic 5, 8, 9, 10, 66
 - Max Therapeutic 5, 8, 9, 10, 66
 - Hunter 90, 91, 96, 97, 98, 99
 - Cross Rails 92 & 93 or 94 & 95
 - Sport Horse 7, 24, 25, 26
 - Ranch Horse 49, 50, 51, 52
 - Miniature Horse 2, 3, 53, 54, 55, 60
 - Miniature Horse Jumping 58 and 59
 - Miniature Horse Driving 61, 62 & 63
- Gymkhana (Trot) 68, 73, 78, 83, 87
 - Gymkhana (Canter) 69, 74, 79, 84, 88
 - Gymkhana Draft/Draft X 70, 75, 80, 85, 89
- Opportunity Classes 15, 16, 20, 34, 35, 36 43, 44
67 Barrels, 72 Key, 77 D&B, 82 Needle, 86 Donut
Jack Pot Classes 33, 48
71 Barrels, 76 Keyhole, 81 Dash for Cash

Class Numbers Entered																			
For Office Use	Place																		
	Points																		

Jackpot Classes Entered _____ x 10 = \$ _____

Regular Rate Classes Entered _____ x 8 = \$ _____

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** _____

Williamsport Riding Club Attn: Open Show
2012 POCO Farm Road, Williamsport, PA 17701

Office Use Only _____ **Initials** _____

Paid CASH _____ **CHECK** _____ **#** _____

____/____/____ **Date of Rabies Vacc**
 ____/____/____ **Date of Neg. Coggins**

**** 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