2016 Williamsport Riding Club Double Pointed Charity Show Series E								ntry Form Back Number Pre-Entries Postmarked by 9/1										
Name of Ric	Rider Age 1/1/16	se				Phone												
			/1/16 Name of Hors								1 110110							
Last Name First Name Required						Yes	No											
Address		City/Town			State/Zip		р	eMail										
In	dicate division(s) fo	or points. In eac	h category, ch	noose one	Pleasure	e, one	Gymkh	nana, an	nd any C	<mark>pen di</mark>	visions	that app	oly.					
Western 10 & Under (W/J) 91 c	<u> </u>		<u> </u>						er (W/T) (•			_	115				
Western Jr. Youth (14 and Unde	er) (1 or 3) (5 or 6) 38,	39, 40, 97, 104, 111	l, 115				English .	Jr. Youth	(14 & Und	der) (2 or	4) (5 or	6) 87, 88	, 89, 97,	104, 111,	115			
Western Sr. Youth (15-18) (1 or		04, 112, 115				$\langle \rangle$	English S	Sr. Youth	(15-18) (2	2 or 4) 7,	90, 91, 9	92, 97, 10)4, 112, <i>1</i>	115				
Gymkhana (Trot/Jog) 48, 51, 54						_								7, 28, 97,		, 115		
Gymkhana (Canter) 49, 52, 55,						_						29, 30, 3	1, 97, 10)4, 110, 1 <i>°</i>	15			
Therapeutic (1, 2, 3 or 4) 11, 12						_			75, 76, 7		79, 80)							
Leadline (10 and under) (1, 2, 3		05				_			, 84, 93, 9	94, 95								
Walk-Halt (1, 2, 3 or 4) 64, 72,		7 404 440 445						14, 45, 46		_								
Masters W/T 30 and over (1, 2,						\times			33, 34, 3									
Adult over 18 (1, 2, 3 or 4) 10, 97, 98, 99, 100, 101, 104, 113, 115 Class Numbers Entered						$\overline{}$	iviiniature	e Horse 6	5, 67, 10	3, 114	l	1				T		
For Office Use	•																	
	Place Points																	
											Moil	re-Enti	ioo to					
Jackpot class no discount for pre e	•			x											_			
Pre-Registered Classes Enter			= \$			Williamsport Riding Club Attn: Charity Show Series												
Post-Registration Classes Entered				= \$			2012 Poco Farm Road, Williamsport, PA 17701											
Number Fee per horse/rider combination - same # for the entire season not refundable						\$2		Office Use Only			Initials							
Grounds Fee (WRC Members Exempt - Proof of Membership Required)						\$5		Paid CASH _			CHECK			#		_		
Office Fee (Per Horse/Rider Combination)						\$5												
Please make all checks payable to Williamsport Riding Club				Total				/_/ Date of Neg. Coggins										
	** All Returned	l Checks will be cha	rged a \$30 fee pe	r Return **														
I understand that neither the Will	liamsport Riding Club	, its officers, board	d of directors, ju	udges, or or	ganizing o	ommi	ittee acc	ept any r	responsil	bility for	acciden	ts, dama	ge, injur	y or illnes	s to the	horses		
owners, riders, trainers, spectato	ors or any other perso	on or property in c	onnection with t	this competi	ition. I her	eby ex	pressly a	agree for	r myself a	and my p	orincipal	s, repres	entative	s, emplo	ees and	d		
agents: (1) to be bound by the lo																		
arising under the competition rul sports, and this competition inve	-						-	-	-		-			-				
release the WRC, its officers, dire	•			• •				•			•				_	•		
agree to indemnify and hold harr		•		-							-	-			-			
this competition.																		
Name			S	Signature Date														
 I		Signature of Parent/Guardian if Minor is registering																