

2016 Kibbles & Bits Benefit Show Entry Form

Back Number _____

Date of Show 10/8/2016			Pre-Entries Postmarked by 9/26/16			
Name of Rider		Rider Age 1/1/16	Name of Horse		Member	Phone
					Yes No	
Last Name		First Name	Required			
Address		City/Town		State/Zip	eMail	

Indicate Division(s) for Points

<input type="checkbox"/> Lead Line E & W (10 & under) 1 or 2 or 3 or 4, 10, 11 and 12 <input type="checkbox"/> Pee Wee E & W Combined (10 to 12) 1 or 2 or 3 or 4, 6, 13 and 14 <input type="checkbox"/> Jr. Western (13 & under) 1 or 2, 7, 15 and 16 <input type="checkbox"/> Sr. Western (14 to 18) 1 or 2, 8, 17 and 18 <input type="checkbox"/> Open Western (all ages) 1 or 2, 9, 19 and 20 <input type="checkbox"/> Jr. English (13 & Under) 3 or 4, 7, 21 and 22 <input type="checkbox"/> Sr. English (14 to 18) 3 or 4, 8, 23 and 24 <input type="checkbox"/> Open English (all ages) 3 or 4, 9, 25 and 26	<input type="radio"/> Hunter (all ages) 29, 30 and 31 <input type="checkbox"/> Gymkhana Trot/Jog (10 & Under) 32, 36 and 40 <input type="checkbox"/> Gymkhana Youth Pony 33, 37 and 41 <input type="checkbox"/> Gymkhana Youth Horse 34, 38 and 42 <input type="checkbox"/> Gymkhana Open (All Ages) 35, 39, and 43
--	---

This is a benefit show for the SPCA and is also Danae Snavelly's senior project. Thank you!

Class Numbers Entered																			
For Office Use	Place																		
	Points																		

Pre-Registered Classes Entered _____ x \$5 = \$ _____ Post-Registration Classes Entered _____ x \$5 = \$ _____ Office Fee (Per Horse/Rider Combination) \$5 _____ Please make all checks payable to Lisa Snavelly	Mail Pre-Entries to: Lisa Snavelly attn: Benefit Show 28 Fishing Creek Rd, Mill Hall, PA 17751 Office Use Only _____ Initials Paid CASH _____ CHECK _____ # _____ ___/___/___ Date of Rabies Vacc ___/___/___ Date of Neg. Coggins
--	--

Total \$ _____

** 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, 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