|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **CLASS** | **PATTERN** | **ENTRY FEE** | **JUDGES FEE** | **PRIZE** |
| 1 |  | Lead Line Reining | Walk-Trot | $10 | Nil | Ribbon |
| 2 |  | Beginner Reiner (13 & under) | Walk-Trot | $10 | Nil | Ribbon |
| 3 |  | Beginner Reiner (14 to Adult) | Walk-Trot | $10 | Nil | Ribbon |
| 4 |  | Beginner Horse | Walk-Trot | $10 | Nil | Ribbon |
| 5a\* |  | Horse 5 years and under | 6 | $10 | $5 | Ribbon |
| 5b\* |  | Horse 6 years and older | 6 | $10 | $5 | Ribbon |
| 6a\* |  | Youth Two Handed | 13 | $10 | Nil | Ribbon |
| 6b\* |  | Adult Two Handed | 13 | $10 | $5 | Ribbon |
|  |  |  |  |  |  |  |
| 7 |  | **2022 Snaffle Bit Futurity Round 1** | 6 | $90 | $10 | Cash/Buckle |
|  |  |  |  |  |  |  |
| 8a\* | RA SANCTIONED | Green Rider L1 | 5 | $15 | Nil | Ribbon |
| 8b\* | Green Rider L2 | 5 | $15 | Nil | Ribbon |
| 9a\* | Youth (13 & under) | 12 | $10 | Nil | Ribbon |
| 9b\* | Youth (14 – 18) | 12 | $10 | Nil | Ribbon |
| 10a\* | Novice Horse Open L1 | 9 | $15 | $10 | Ribbon |
| 10b\* | Novice Horse Open L2 | 9 | $15 | $10 | Ribbon |
| 10c\* | Novice Horse Non Pro L1 | 9 | $15 | $10 | Ribbon |
| 10d\* | Novice Horse Non Pro L2 | 9 | $15 | $10 | Ribbon |
|  |  |  |  |  |  |  |
|  |  | **LUNCH BREAK** |  |  |  |  |
|  |  |  |  |  |  |  |
| 11 | RA SANCTIONED | Prime Time Non Pro | 12 | $20 | $10 | Ribbon |
| 12a\* | Non Pro | 3 | $20 | $10 | Ribbon |
| 12b\* | Open | 3 | $20 | $10 | Ribbon |
| 13a\* | Rookie L1 | 11 | $15 | $10 | Ribbon |
| 13b\* | Rookie L2 | 11 | $15 | $10 | Ribbon |
| 14a\* | Limited Non Pro | 12 | $20 | $10 | Ribbon |
| 14b\* | Limited Open | 12 | $20 | $10 | Ribbon |
|  |  |  |  |  |  |  |
| 15 |  | Champion of Champions | 6 |  |  | Prize |
|  |  |  |  |  |  |  |
| 16 |  | **2022 Snaffle Bit Futurity Round 2** | 13 |  |  | Cash/Buckle |
|  |  |  |  |  |  |  |

**NOTES**

1. To enter Reining Australia Classes you need a current Full RA Member apart from Green Rider where Green Rider Membership is only required.
2. 2022 Snaffle bit Futurity is an aggregate score from both runs to determine winner.
3. \* Classes to run concurrently
4. Champion of Champion class is open to any winner of another class (Does not count towards Ian Smith Memorial Trophy)
5. If not a member of WCR a day membership of $25 will be required

|  |  |
| --- | --- |
| Show Number | ONE FORM PER HORSE |
| Horse Name | NRHA / RA No |
| Owners Name | RA No |
| Riders Name | RA No |
| Address | Post Code |
| Email | Phone  |
| Signature |  |

**\*COPY OF CURRENT MEMBERSHIP + HORSE COMPETITION LICENSE REQUIRED FOR SANCTIONED CLASSES\***

**ENTRIES CLOSE 7th May 2022**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class No. | Rider Name | RA No | Entry Fee | Sub Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Warm up 10 minutes  | $10.00 |  |
| Day Membership for Non-members (Includes Ground Fee)  | $25.00 |  |
| Ground Fee | $5.00 |  |
| TOTAL AMOUNT |  |  |

Bank Details – West Coast Reiners BSB 633 000 Acc No 163 669 591

**ALL FORMS TO BE COMPLETED & RETURNED TO THE SHOW SECRETARY LIZ GALLIOTT**

**Send Entries to: P.O. Box 152 Pinjarra 6208 or email to liz@slidersdrift.horse**

**Horse Event Participation Declaration**

|  |  |
| --- | --- |
| Event | Date |
| Name of person in charge of Horse (s) |
| Address |
| Contact Number |
| Name of Horse | Identification (colour, markings, brands, microchip) |
|  |  |
|  |  |
|  |  |
| Source property (address of property which the horse (s) moved to the event) |
|  |

Health of Horse(s)

I am aware that the congregation of horses at an event provides an opportunity for the spread of infectious diseases.

I declare that the Horses(s) named above has/have been in good health and eating normally during the last three days leading up to the event. (This form can be submitted on the day of the show)

I give my authorization for the designated Animal Health Officer to arrange for a veterinary examination of the horse(s) named above if it / they show signs of a serious infectious disease or excessive distress at the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed

**DISCLAIMER AND WAIVER OF LIABILITY**

In consideration for being permitted to participate in any way in horse riding activities I, the undersigned, understand, acknowledge and accept that:

As a condition of participating that neither the club/coach, participants, West Coast Reiners Association Inc., or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertises, owners and lessees of premises used to conduct the event(s), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of the participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State Legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

I agree to abide by the Rules and Regulations of the West Coast Reiners Association Inc. its affiliated clubs and/or the management/organizer of the activities and I will follow all direction of the management/organiser of the activities.

My failure or refusal to do so can result in my immediate disqualification from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such noncompliance may result in injury, death and/or permanent disability.

Although it is recommended, I am solely responsible for wearing a suitable helmet and I acknowledge I ride at my own risk.

I understand that the West Coast Reiners Horse Association Inc., its affiliated clubs and/or management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association’s management/organiser’s staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will effect my ability to participate. I have has sufficient opportunity to read this document, fully understand its term and sign it freely and voluntarily without inducement of any kind.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here Dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider or Parent/Guardian (if signing on behalf of youth)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_