

# 2010 Region 6 NATRC Competitive Trail Ride Entry Form

Ride Name: \_\_\_\_\_ Type A or B Vest # (if have) \_\_\_\_\_

**RIDER INFORMATION:** Name \_\_\_\_\_ Junior Rider Birth Date \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Do you have any medical problems management should be aware of? (will be kept confidential) \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**HORSE INFORMATION:** Name \_\_\_\_\_ Color \_\_\_\_\_

Birth Date of Horse \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Breed \_\_\_\_\_

Registration # \_\_\_\_\_ Name of Registry \_\_\_\_\_

Owner of horse \_\_\_\_\_ Sex (circle one): Stallion Gelding Mare

## **DIVISION AND WEIGHT CLASSIFICATION: (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Open Division</b>                       | <input type="checkbox"/> <b>Novice Division</b>                     | <input type="checkbox"/> <b>Competitive Pleasure</b> |
| <input type="checkbox"/> Heavyweight, 190 lbs & over                | <input type="checkbox"/> Heavyweight, 190 lbs & over                | <input type="checkbox"/> No weight or age divisions  |
| <input type="checkbox"/> Lightweight, 100 thru 189 lbs              | <input type="checkbox"/> Lightweight, 100 thru 189 lbs              | <input type="checkbox"/> D. O. - Rider               |
| <input type="checkbox"/> Juniors, ages 10 thru 17, no weight limits | <input type="checkbox"/> Juniors, ages 10 thru 17, no weight limits | <input type="checkbox"/> D. O. - Horse & Rider       |
| <input type="checkbox"/> D. O. - Rider                              | <input type="checkbox"/> D. O. - Rider                              |  |
| <input type="checkbox"/> D. O. - Horse & Rider                      | <input type="checkbox"/> D. O. - Horse & Rider                      |  |

**NOTE: Juniors may ride in the open division only as a junior, lightweight, or heavyweight. All juniors are required to wear ASTM/SEI, Snell or approved equal equestrian riding helmet. Please see reverse side.**

### **FEES:**

Entry fee (see ride description) \_\_\_\_\_

NATRC member fee - \$5 **OR** \_\_\_\_\_

Non-NATRC member fee - \$20 \_\_\_\_\_

NATRC Drug Testing Fee - \$3 \_\_\_\_\_ \$3.00

Region 6 Fee - \$1 \_\_\_\_\_ \$1.00

Other fees (see ride description) \_\_\_\_\_

**Total Due** \_\_\_\_\_

**Min. Deposit** (see ride description) \_\_\_\_\_

**Due at check-in** \_\_\_\_\_

### **OTHER INFORMATION:**

Please check the following:

- First-time NATRC competitor?
- Send a NATRC Rule Book (inc \$1 for postage)
- Include a 2008 Rule Book in rider packet
- I am a National NATRC member  
Expiration date \_\_\_\_\_
- Arriving late . . . I need Saturday morning check-in

**Fill out all information requested on this entry form and mail it with payment to the ride secretary.**

I HEREBY CERTIFY that my horse is not under the influence of medication and will not be treated with or given any medication prohibited by NATRC rules. I HEREBY GIVE permission to the North American Trail Ride Conference or their duly appointed agent, to take any appropriate action deemed necessary to check for possible administration of drugs to my horse.

Signature(s) below constitute acceptance of the above terms and conditions.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

Owner of horse if different from rider \_\_\_\_\_

**See reverse side for Junior competitor information**

For the safety of our Junior competitors, we ask that if you, the parents or legal guardians, are not able to attend this event, that you assign in writing, an adult to which you entrust the responsibility for making responsible medical decisions on your behalf. In the unlikely event your child should require medical attention; this document will expedite the treatment process.

Any information provided will be held in strict confidence and not made public.

Name of Adult responsible for Junior competitor (please print)

---

Names of parent or legal guardian (please print)

Names of parent or legal guardian (please print)

---

Signature of parent or legal guardian

Signature of parent or legal guardian

---

Home phone number:

Home phone number:

---

Cell phone number:

Cell phone number:

---

Date \_\_\_\_\_

Date \_\_\_\_\_

---