

2011 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)

Open Division

Heavyweight, 190 lbs & over

Lightweight, 100 thru 189 lbs

Juniors, ages 10 thru 17, no weight limits

D. O. - Rider

D. O. - Horse & Rider

Novice Division

Heavyweight, 190 lbs & over

Lightweight, 100 thru 189 lbs

Juniors, ages 10 thru 17, no weight limits

D. O. - Rider

D. O. - Horse & Rider

Competitive Pleasure

No weight or age divisions

D. O. - Rider

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.

Entry fee (see ride description) _____

Other fees (see ride description) _____

Total Due _____

Min. Deposit (see ride description) _____

Balance due (see ride description) _____

OTHER INFORMATION:

First-time NATRC competitor?

Include a 2011 Rule Book in rider packet

I am a National NATRC member,
Expiration date _____

Arriving late; I need AM check-in

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

OR If possible please enter thru the RMS system at www.natrc5.org/rms/logon.asp.

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 _____

Date _____

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
