

Region 6 NATRC Competitive Trail Ride Entry Form

Ride Name _____ A__ B1__ B2__ Vest # (if have) _____

RIDER INFORMATION: Name _____

Junior Rider (ages 10 thru 17) 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 _____ Height _____ Weight _____ Breed _____

Registration # _____ Name of Registry _____

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

Division and Class: Check all that apply (Distance Only (DO) must also select appropriate class. Weight includes rider plus tack.

Divisions:

- Open**, horses 5 years or older
- Novice**, horses 4 years or older
- Competitive Pleasure**, horses 4 years or older

Classes for O/N/CP:

- Heavyweight, 190 lbs & over
- Lightweight, 100 thru 189 lbs
- Junior, no weight limit

Leisure Division, horses 4 years or older

- Experienced
- Adult
- Junior
- DO - Horse & Rider

NOTE: Juniors may choose to ride in Lightweight or Heavyweight class in Novice and Open divisions if weight requirement is met. 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:

Go to www.natrc.org for current Rule Book

First-time NATRC competitor?

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.natrcr6.org. Click on 'Registering for a Ride' then RMS button.

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 _____

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 _____