

## Region 6 NATRC Competitive Trail Ride Entry Form

Ride Name: \_\_\_\_\_ Type AA or 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 choose to ride in Lightweight or Heavyweight class in Open division only. 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](http://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.natrcregion6.org](http://www.natrcregion6.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 \_\_\_\_\_

**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)

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Names of parent or legal guardian (please print)

Names of parent or legal guardian (please print)

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Signature of parent or legal guardian

Signature of parent or legal guardian

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Home phone number:

Home phone number:

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Cell phone number:

Cell phone number:

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Date

Date

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