



Collie Western Riding Association Inc.

BLUE WATER CLASSIC

2 Day Reining Show

November 24th, Western Arena, Collie.

9.00am Start.



Show number _____

ONE ENTRY FORM PER HORSE

Horse Name _____ NRHA/RA No. _____

Owners Name _____ NRHA/RA No. _____

Riders Name _____ NRHA/RA No. _____

Address _____

_____ Post Code _____

Email _____ Phone _____

Signature _____

COPY OF CURRENT MEMBERSHIP+HORSE COMPETITION LICENCE REQUIRED

Event No.	Rider Name	NRHA/RA	Entry Fee	Sub Total
Warm up 10 minutes			\$ 5.00	
Insurance for non-members			\$10.00	
Ground Fee per entry			\$15.00	
TOTAL AMOUNT				

****SEE ATTACHED REINING SHOW IMPORTANT INFORMATION FOR ENTRY RULES****

Send Entries to: P.O. Box 144 Harvey, 6220 or email to colliewesternriding@gmail.com

****ALL CLASSES WILL BE OPERATED IN ACCORDANCE WITH THE NRHA
HANDBOOK OF RULES AND REGULATIONS****



Collie Western Riding Association Inc.

BLUE WATER CLASSIC

2 Day Reining Show

November 25th, Western Arena, Collie.

9.00am Start.



Show number _____ ONE ENTRY FORM PER HORSE

Horse Name _____ NRHA/RA No. _____

Owners Name _____ NRHA/RA No. _____

Riders Name _____ NRHA/RA No. _____

Address _____

_____ Post Code _____

Email _____ Phone _____

Signature _____

COPY OF CURRENT MEMBERSHIP+HORSE COMPETITION LICENCE REQUIRED

Event No.	Rider Name	NRHA/RA	Entry Fee	Sub Total
Warm up 10 minutes			\$ 5.00	
TOTAL AMOUNT				

****SEE ATTACHED REINING SHOW IMPORTANT INFORMATION FOR ENTRY RULES****

Send Entries to: P.O. Box 144 Harvey, 6220 or email to colliewesternriding@gmail.com

****ALL CLASSES WILL BE OPERATED IN ACCORDANCE WITH THE NRHA
HANDBOOK OF RULES AND REGULATIONS**.**

***** If you enter classes 4 to 11, you are not eligible to enter classes 1,2 or 3*****



Collie Western Riding Association Inc.

BLUE WATER CLASSIC

Judge: Deb Verslius

24th & 25th November, 2018

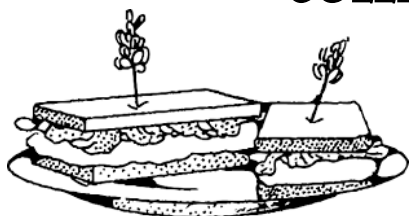


Class		Pattern	Entry Fee	Judge	Prize
1	Beginner Rider	6	\$15.00	Nil	Ribbon & Prizes
2	Novice Rider	6	\$15.00	Nil	Ribbon & Prizes
3	Green Horse	6	\$15.00	Nil	Ribbon & Prizes
	R.A. Sanctioned Classes				
4 *	Youth 13 & Under	2	\$10.00	Nil	Ribbon & Prizes
4a *	Youth 14 - 18	2	\$10.00	Nil	Ribbon & Prizes
5 *	Green Rider Level 1	2	\$15.00	Nil	Ribbon & Prizes
5a *	Green Rider Level 2	2	\$15.00	Nil	Ribbon & Prizes
6 *	Novice Horse Open Level 1	11	\$15.00	\$10.00	Jackpot
6a *	Novice Horse Open level 2	11	\$15.00	\$10.00	Jackpot
6b *	Novice Horse Non Pro Level 1	11	\$15.00	\$10.00	Jackpot
6c *	Novice Horse Non Pro Level 2	11	\$15.00	\$10.00	Jackpot
7	Snaffle Hackamore 5yr & Under	13	\$20.00	\$10.00	Jackpot
8 *	Non Pro	13	\$20.00	\$10.00	Jackpot
8a *	Open	13	\$20.00	\$10.00	Jackpot
9	Prime Time Non Pro	13	\$20.00	\$10.00	Jackpot
10 *	Rookie Level 1	2	\$20.00	\$10.00	Jackpot
10a *	Rookie Level 2	2	\$20.00	\$10.00	Jackpot
11 *	Limited Open	4	\$20.00	\$10.00	Jackpot
11a*	Rookie Professional	4	\$20.00	\$10.00	Jackpot
11b*	Limited Non Pro	4	\$20.00	\$10.00	Jackpot
12 *	Intermediate Open	3	\$20.00	\$10.00	Jackpot
12a*	Intermediate Non Pro	3	\$20.00	\$10.00	Jackpot

*may run concurrently

COLLIE WESTERN RIDING ASSOCIATION INC

CATERING REQUIRMENTS



To help us with the catering could you please fill in the information below.

Date.....

Name.....

Do you require? Please place the amount required in the box.

Saturday Lunch ☐

Saturday Tea ☐

Sunday Lunch ☐

Canteen is open all weekend for cool drinks, water, tea and coffee

Are you camping?

Friday night ☐

Saturday night ☐

Sunday night ☐

Free camping, toilets and showers available

Do you require a yard for your horse? (These are limited)

Friday night ☐

During the day ☐

Saturday night ☐

During the day ☐

Sunday ☐

During the day ☐

COLLIE WESTERN RIDING ASSOCIATION INC.

Email; colliewestern@gmail.com
facebook.com/colliewesternridingassociation
WESTERN AUSTRALIA

Horse Event Participation Declaration

Event: _____ 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 from which the horse(s) moved to the event):

Destination property (address of property to which the horse(s) will move to after the event – if different from the source property):

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 horse(s) named above has/have been in good health and eating normally **during the last three days leading up to this 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.



Conditions and Responsibilities

REINING SHOW: (All entries must be filled in correctly; otherwise they will not be accepted)

- Entries for the reining show to be in 1 week prior to the show.
- Entries received within the 1 week prior to the show will incur double entry fees.
- No entries will be accepted after the Wednesday prior to the show.
- A copy of the riders NRHA/RA membership must accompany entries for each show.
- A copy of the horses License must accompany entries for each show.
- If you are riding some else's horse then a copy of the owners NRHA/RA membership must accompany entries for each show.
- Beginner & Novice rider Events are limited to a person/horse that has not won 3 of these Reining Events at Reining shows held in Collie.
- Green Horse class is open to any horse that has not won three classes anywhere.
- Once you have won 3 Beginner , Novice or Green Horse classes, you are no longer eligible to compete in these events. You need to proceed to the next level and obtain your NRHA/Reining Australia membership and your horse's license to compete in the NRHA/RA sanctioned events. (See Green Rider Level 1 + 2 on R.A. website)
- If you enter classes 4 to 12, you are not eligible to enter 1,2 or 3

ENTRIES/PAYMENTS FOR SHOW ENTRIES/CLINICS

- Entries can be given to Liz in person or posted to P.O. Box 144, Harvey 6220.
- Emailed to colliewesternriding@gmail.com
- Payments to Liz Tresidder or Chrystine Whiteaker in person.
- Post payments to P.O. Box 144 Harvey 6220

Direct Deposit. Collie Western Riding Association Inc. Bendigo Bank BSB 633-000 Account 118311067

JUDGES:

- Check page 76 &77 in the NRHA 2017 Rulebook for guidelines for judges. It states that judges are not to have contact with competitors prior to the show. If you don't have the rulebook, it can be downloaded from the NRHA website.

NOTE:

• The judge is picked up from the airport by someone not competing in the show. The accommodation for the judge, on Friday night is either at someone's house who is not competing at the show, or a motel unit.

If a judge/trainer decides to give lessons or have a clinic after our weekend while they are over here, then the people who have the lessons/clinic can pay for the return airfare of the trainer. We need to know of this before we book airfares. It is unfair that CWRA Inc. fund the whole trip and we may cancel a Reining Show/Clinic if there are any problems

Collie Western Riding Association Inc.

President : Myfanwy Elliott
Secretary: Liz Tresidder
Mobile 0408933825
Treasurer: Chrystine Whiteaker
189 Palmer Road, Collie, 6225.

Disclaimer Statement

I acknowledge that the equestrian activities are dangerous and that accidents causing death, disability and property damage/loss, can and do happen.

I, hereby indemnify the Collie Western Riding Association Inc. (CWRA Inc.) Committee, its members, national bodies, officials, volunteers, medical personnel, sponsors, advertisers and owner of the property in the event of my death, bodily injury/disability and loss/damage to property which may be sustained or incurred by me, as a result of participation in or being present at an event or club day organised by the CWRA Inc.

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

Print Name_____

Address_____

Phone Number_____ **Mobile**_____

Email_____

Signature_____ **Date**_____

PARENT/ GUARDIAN CONSENT FOR UNDER 18 YEARS PARTICIPANTS.