



**14<sup>th</sup> Annual Wilton Pony Club Horse Trials**  
**Sunday, June 2, 2002**  
**240 Millstone Road, Wilton, CT 06897**

**DIVISIONS:** (1) Senior Training (2) Junior Training (3) Senior Novice (4) Junior Novice (5) Senior Beginner Novice (6) Junior Beginner Novice (May be combined if necessary)

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Opening Date: April 23

Drawing Date: May 7

Closing Date: May 21

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**ORGANIZERS:** Betsy Meyers (203-762-2536) and Annie Hill (203-762-9663)

**SECRETARY:** Gary Hayes (203-438-0278)

**T.D. James Gornal** Judges: Janet Black and Anna Kingsbury

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**ENTRIES:** a) \$90 all divisions; b) Draw checks to Wilton Pony Club Horse Trials. Refunds before closing date, in full; after the closing date, none. Negative Coggins and proof of rabies vaccination within 12 months required with entry. Send completed entry forms and check to: Gary Hayes – Secretary  
63 Fieldcrest Drive  
Ridgefield, CT 06877

**TENTATIVE TIME SCHEDULE:** **Sat:** Cross-Country Course open for inspection – 3pm. **Sun:** Dressage –7:30am, Cross-Country –9:30am, Stadium Jumping – approx. 1:30pm. Divisions to be run in the above order followed immediately by awards.

**AWARDS:** Ribbons to sixth place for Dressage and to eighth place overall. Prizes for first place in each division. Prize for High Point Pony Clubber in each division.

**STARTING TIMES:** Available May 30th and 31st from 6:30 - 8:30 p.m. by calling 203-438-0278.

**VETERINARIAN/FARRIER:** Veterinarian and Farrier on grounds.

**DRESSAGE:** Training: 2002 USA Equestrian Training Level Test C-Sm. Novice: 2002 USA Equestrian Novice Test C-Sm. Beginner Novice: 2002 USA Equestrian Novice Test C-Sm. Arenas: grass

**CROSS-COUNTRY:** Training course 2000 - 2750 M @ 350-400 MPM. Novice course 1500 - 2000 M @ 300 - 350 MPM. Beginner Novice course approx. 1500 M @ 300 MPM. Winding, hilly terrain. Solid well-built fences, including stone walls. Wooden bridge and water crossing on Training and Novice courses. Moderate difficulty, designed to be inviting.

**OTHER INFORMATION:** Entries limited to 75, no more than 2 horses per rider. Entries accepted on a first come, first served basis. Dogs must be leashed. Please advise if using a vehicle larger than a four-horse trailer so that parking can be planned/reserved.

**PROTECTIVE HEADGEAR PASSING ASTM AND SEI STANDARDS MANDATORY FOR ALL COMPETITORS IN JUMPING PHASES.** We strongly recommend cross-country vests and medical armbands.

Breakfast and lunch are available at The Barnside Café on the grounds.

## ENTRY FORM

# WILTON PONY CLUB HORSE TRIALS

Please print clearly and MAIL TO Secretary:  
 Gary Hayes, 63 Field Crest Dr., Ridgefield, CT 06877  
 Incomplete forms will be drawn last.

Rider \_\_\_\_\_ Jr. Age \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Member of Pony Club  yes  no

Name of Pony Club \_\_\_\_\_

Owner \_\_\_\_\_

Town and State \_\_\_\_\_

Official Use Only
Postmark
Date Rec'd
Entry Fee
Coggins _____ Rabies _____
Signature
Jr. Medical Release
Number Assigned

Division - be specific	Name of Horse	Breed	Color	Sex	Ht.	Age
_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /

### RELEASE:

I understand that this is a high risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless Wilton Pony Club, the Organizing Committee, judges, officials, their officers, agents, employees, volunteers, host of this horse trial, and the owners of any property on which the trial is held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) with which I will compete at this trial.

RIDER'S SIGNATURE \_\_\_\_\_  
 (Parent or guardian if under 18)

**Have you remembered to:**

- 1) Sign the entry/release form
- 2) Enclose the entry fee
- 3) Enclose proof of negative Coggins and rabies vaccination
- 4) Sign medical release form for riders under 18 years of age

## EMERGENCY MEDICAL RELEASE FORM

If emergency medical care is required for (Name of minor): \_\_\_\_\_  
(birthdate) \_\_\_\_\_, the undersigned authorizes appropriate medical care as deemed  
necessary by emergency medical personnel, a physician or the medical facility providing treatment.

### RELATED INFORMATION:

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

If parent is unavailable, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor is allergic to: \_\_\_\_\_

Minor takes the following medication(s) for: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I have read this entire release and agree to it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

As parent or guardian of the above-named minor, I ask that every effort be made to contact me at  
the time of the accident or illness without detriment of postponing medical treatment.

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_