



Western Dressage Show

At Bella Rosa Stables Benefiting Care From The Heart

Western Dressage Association of America Recognized #25-182 American Quarter Horse Association Recognized ECRDA sanctioned Paint Alternative Competition (PAC)

151 Oak Glen Road, Howell, New Jersey 07731

Competition Date: Saturday April 5, 2025 Entry Opening Date: February 1, 2025 Entry Closing Date: March 27, 2025

> Judge: Lynn Newton R Steward: Helen Meagher

Competition Manager: Mary Alice Goss <u>mags1130@aol.com</u> 732-610-1258

Competition Secretary: Ellen Weisfeld <u>ewgnhb@aol.com</u> 732-814-3932

101. WDAA Introductory Level Test 1	134. WDAA Third Level Test 4
102. WDAA Introductory Level Test 2	141. WDAA Fourth Level Test 1
103. WDAA Introductory Level Test 3	142. WDAA Fourth Level Test 2
104. WDAA Introductory Level Test 4	143. WDAA Fourth Level Test 3
105. WDAA Basic Level Test 1	144. WDAA Fourth Level Test 4
106. WDAA Basic Level Test 2	151. WDAA Fifth Level Test 1
107. WDAA Basic Level Test 3	152. WDAA Fifth Level Test 2
108. WDAA Basic Level Test 4	153. WDAA Fifth Level Test 3
111. WDAA First Level Test 1	154. WDAA Fifth Level Test 4
112. WDAA First Level Test 2	155. WDAA Musical Freestyle Test of Choice
113. WDAA First Level Test 3	156. WDAA Dressage Seat Equitation TOC
114. WDAA First Level Test 4	160. WDAA Exceptional Rider Test Leadline A walk only
121. WDAA Second Level Test 1	161. WDAA Exceptional Rider Test Leadline B
122. WDAA Second Level Test 2	163. WDAA Exceptional Rider Coached Test 1 walk only
123. WDAA Second Level Test 3	164. WDAA Exceptional Rider Coached Test 1
124. WDAA Second Level Test 4	165. WDAA Exceptional Rider Coached Test 2
131. WDAA Third Level Test 1	166. WDAA Exceptional Rider Coached Test 3
132. WDAA Third Level Test 2	
133. WDAA Third Level Test 3	

Entries / Fees

Entry per class	\$35.00 for complete entries received by the closing date*
Office fee	\$10.00 per entry
Post Entry fee	\$10.00 per class, space permitting
AQHA point fee	\$10.00 per horse

*incomplete entries will pay the post entry fee if not completed prior to the closing date.

Make checks or money orders payable to "Care From The Heart"

Refund policy: Before closing date less a \$20.00 handling fee. After the closing date only with a Veterinarian's slip less a \$20.00 handling fee.

Non-negotiable check will void the entry and incur a \$50.00 fee

All entries must include:

Completed entry form and payment in full by check or money order. Signed Liability Waiver Current Coggins test - dated after April 5, 2023 for in state entries and dated after April 5, 2024 for out of state entries. Proof of flu/rhino vaccine administered within the previous 6 months

AQHA entries competing for points must include a copy of their membership card and their registration papers.

Ribbons will be awarded 1st through 6th place

Management reserves the right to combine, divide or cancel any class.

Intro Tests 1 - 4 and Basic Tests 1 - 4 will be held in a small arena. Level 1, 2, 3, 4, 5 and Musical Freestyle test will be in a large arena.

Entries must be mailed to

Western Dressage Show 94 Wiseman Road Jackson, NJ 08527

For information on overnight stalls or day of show stalls contact Kathy Taler at 908-930-9894

SHOW ENTRY FORM

Western Dressage Show on April 5, 2025 at Bella Rosa Stables

Benefiting Care From The Heart

One Horse per Entry Form Please write clearly!

Entering	g Show only	Entering Sh	now and Clinic _	
use clinic registra	ation form if entering o	only the clinic or do both	forms if entering both s	show and clinic
Rider:	Cell Phone			
Address:				
Email:				
Horse Name:				
Horse Breed:			Horse Age	
Horse Gender	Mare Gelding _	Stallion		
Exhibitor WDA	A Number	Horse V	WDAA Number	
AQHA Member	Number	АQНА	Jr. Sr. (circle or	ne)
Other Breed Re	gistration Number i	f any		
Are you a PAC 1	nember yes	No		
Class Number		Class Name		Fees
				\$35.00
				\$35.00
				\$35.00
Office Fee				\$10.00

\$10.00

Only required if competing for AQHA points

AQHA Points

Entry Check List

- ____ Completed Entry form
- ____ Current Coggins
- _____ Proof of Flu/Rhino vaccination within the last 6 months
- ____ Waiver / Hold Harmless
- _____ payment of fees by check or money order payable to Care

From The Heart

For AQHA Points only

____ Copy of current AQHA Membership Card

____ Copy of Horse Papers

____ Payment of \$10 AQHA Points fee

Total show payment enclosed _____

ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE with FULL PAYMENT AND DOCUMENTS (Above)

For Show rules: *ECRDA (East Coast Regional Dressage Association) www.ecrda.com

B-BARR-B LLC DBA Bella Rosa Stables Care From The Heart 151 Oak Glen Road Howell, N. J. 07731

Release of Liability

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members "**over 18 years of age**" must sign this release (in this section).

Print Name (Clearly)	Signature	Date
Address (Print Clearly) Street	, Town, and Zip	
Print Name (Clearly)	Signature	Date
If additional family members n	eed to be added, please complet	e a separate form and attach.
For members "under" 18 yea of page,	rs of age, parent(s) or guardian m	nust list name of each child and sign at bottom
Name of child	Name of child	d
Name of child	Name of child	d
equine activities, agree that th	e terms and conditions of this Re	consideration of my minor's participation in lease of Liability shall be binding as to d property arising out of his/her participation

Parent/Guardian Signature

Parent/Guardian Signature

Date

Western Dressage Clinic at Bella Rosa Stables

151 Oak Glen Road, Howell, New Jersey 07731

Benefiting Care From The Heart

Sunday April 6, 2025

Registration Opening Date: February 1, 2025

Clinician: Lynn Newton R

Format: 30 minute sessions with rider choice of fix a test or straight instruction

Clinician Background: Lynn Newton started riding at the age of 6, competing in hunt seat, stock seat, AQHA, APHA, USDF and USDF events. Certified by the American Riding Instructor Assn. at the age of 20. Actively judging open and 4-H shows in Ranch, Western, Minis, Driving, Hunt Seat and Liberty. Involved in western dressage since its inception, attending both WDAA Train The Trainer and Advanced Train The Trainer sessions. Recently taught western dressage at the Equine Affair in Massachusetts. She has worked for the last 6 years at the WDAA World Show managing the WDAA Judges Apprenticeship Clinic. Lynn is happy to continue to support Western Dressage in New Jersey and is excited this show will benefit Care From The Heart. Come and learn what this exciting sport is all about.

Fees: \$30.00 if competing* \$45.00 clinic only* Auditors: \$20.00 * Individual lessons include 1 auditor's pass

Questions call or text 732-814-3932

Western Dressage Clinic Registration Form Sunday April 6, 2025 at Bella Rosa Stables Benefiting Care from the Heart

Rider:	Cell Phone
Address:	
Email:	
Horse Name:	
Horse Breed:	Horse Age
Horse Gender Mare Gelding Stallion	
Level you are currently competing at	
Areas you want to work on	
Any other information you want to provide to the cl	inician
Total clinic payment enclosed	

REGISTRATIONS WILL ONLY BE ACCEPTED WITH PAYMENT IN FULL, CURRENT COGGINS, PROOF OF FLU/RHINO VACCINATION WITHIN THE LAST 6 MONTHS AND A COMPLETED SIGNED WAIVER.

IF COMPETING IN THE SHOW A SINGLE COPY OF THE COGGINS, PROOF OF SHOTS AND WAIVER FOR BOTH THE SHOW AND CLINIC IS ACCEPTABLE.