



PATH International Member Center

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
mags1130@aol.com
732-610-1258

Competition Secretary: Ellen Weisfeld
ewgnhb@aol.com
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 Show only _____ Entering Show and Clinic _____

use clinic registration form if entering only the clinic or do both forms if entering both show and clinic

Rider: _____ Cell Phone _____

Address: _____

Email: _____

Horse Name: _____

Horse Breed: _____ Horse Age _____

Horse Gender Mare __ Gelding __ Stallion __

Exhibitor WDAA Number _____ Horse WDAA Number _____

AQHA Member Number _____ AQHA Jr. Sr. (circle one)

Other Breed Registration Number if any _____

Are you a PAC member ___ yes ___ No

Class Number	Class Name	Fees
		\$35.00
		\$35.00
		\$35.00
Office Fee		\$10.00
AQHA Points	Only required if competing for AQHA points	\$10.00

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**

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 clinician

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.