

## 2024 Ranch Riding Registration

Rider Name						_ MRC Member Y / N If Yes, Member #		
Horse	Name _							
Address						CityZip		
Signa	ture/Gua	ardian*				Date		
Emer	gency C	ontact Na	me/ Phone	e #				
opera	tors of th	e arena ai	nd grounds	. I agree to	o release a	and regulations set up by Meridian Riding Club, owners and Il liability in the event of accident, loss, or misfortune, and not he in the cause of any of these events per Washington State RC		
which	the sign	er agrees		all respon	MUST have sibility of m	e an adult, parent, or guardian sign for permission to ride. To ninor.		
	1	6	11	16	21	# OF CLASSES SELECTED		
	2	7	12	17	22	X \$10.00 PER CLASS = \$		
	3	8	13	18	23	OFFICE FEE = \$ <u>10.00</u>		
	4	9	14	19	24	HAUL IN FEE \$10.00 (NON-MEMBER ONLY**) x \$		
	5	10	15	20	25	TOTAL DUE =		
SHOV	V OFFIC	E USE:						
Rider	Rider # Total Paid					PAIDCash/Check Square		
			Re	egistratio	n Forms a	nd Payments can be mailed to:		

Meridian Riding Club 11202 119<sup>th</sup> St. E, Puyallup, WA 98374

Or online via Webpage **meridianriding.com**