

# **WOR Regional Dressage 2025 Club Summary Package**



September 13, 2025

## **Ancaster Fairgrounds**

630 Trinity Rd S, Jerseyville, ON LOR 1R0

#### **Entry Information:**

The entry fee for 2025 is \$65.00 per **on-site** competitor (this includes a \$5.00 refundable number deposit). The deadline for entries is September 1, 2025 (But can receive them at any time).

Please submit entries to: (Email is preferred)

Kathryn Robertson Attention: WOR Dressage Entries 2025

888 Highway 52 N RR2 Cell # 905-906-7032

Lynden, ON LOR1TO <u>wordressagechair@ponyclub.ca</u>

A late charge of \$10.00 will be applied to entries received as September 1<sup>st</sup>. No entries will be accepted after September 10<sup>th</sup>, 2025. Entry fees will NOT BE REFUNDED after September 1<sup>st</sup> WITHOUT A MEDICAL/VET CERTIFICATE.

The Regional Dressage Chair must receive this Medical/Vet Certificate within 7 days following the Competition.

#### What do I need to do as a Branch Dressage Rep?

- Forward the Individual Entry forms package to each member or horse master within your club.
- Collect the entry forms and payment. Individual cheques should be payable to **your club**.
- Transcribe the information from the individual forms onto the Club Summary and Volunteer Summary forms.
- Make out a **club cheque** for the total amount payable to Western Ontario Region.
- If paying by e-transfer:
  - Send club e-transfer to: wortreasurer@ponyclub.ca
  - In the message/note section include: Regional Dressage Branch Rider Name(s)
- Submit the branch summary form and all entry forms to the Regional Dressage Chair.



## WOR Regional Dressage 2025 Club Entries Summary

Keep a copy this form for your club records. Submit the original summary to the Regional Dressage Chair.

Club:	Email:	Email:				
Club Dressage Rep:				Phone:		
		1	<del></del>			
Rider's Name	PC Level	Dressage Division	Horse Master?	Name	of Horse	Entry Fees Collected
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	<b>.</b>	1	-1	CLUB TOTAL:		\$
certify that all competitors listed a (or since joining), are capable of co	ompeting at	the level entered, and a	re qualified und	er WOR Dressage rul		
District Commissioner / Centre	Administra	itor	Phone			



## **WOR Regional Dressage 2025**

## **Club Volunteer Summary**

Keep a copy of this form for your club records. Submit the original summary to the Regional Dressage Chair.

Record each volunteer that is listed on the Individual Entry forms for your Club. Indicate their choice of job and when they would prefer to do it.

If a volunteer is experienced in a position, please mark 'Y' beside those choices and indicate the number of years of experience.

Club:	

Name of Volunteer	E-mail Address	1 <sup>st</sup> Job Choice		2 <sup>nd</sup> Job Choice		3 <sup>rd</sup> Job Choice	
	Phone#	Job	Exp?	Job	Exp?	Job	Exp?