WMQHA AQHA/APHA Show July 20 & 21, 2019

Sapphire Event Center, Corvallis MT

| Office Use Only | | | | | | | | ne of Horse (Exactly as on Registration: | Registration Number: | Sex | Birth Year | Owner: | Exhibitor/Rider | AQHA/ABRA Number: | |
|--|------------|--------|-----|--|------|------------------|--------|--|-------------------------|-----|---------------|---------------------|---------------------------|----------------------|--|
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| | | | | | | | | | | | | | | | |
| Waiver Release: As a condition of my participation (and/or | | | | | d/or | Youth AQHA # Exp | | | Flat Fee @ \$ /Class: | | | | | | |
| the participation of my child) in this event, I agree as follows: | | | | | | ree as fo | llows: | Youth Birthday | | | | Classes @ \$/Class: | | | |
| I release the Sapphire Event Center and/or WMQHA, its employees, volunteers, and agents, the show facility, and the | | | | | | | | Owner of Horse Relationship of Youth to Owner | | | | | | | |
| management of this show from any loss or damage that may occur to me, my horse, or my property as a result of my | | | | | | - | • | Amateur AQHA # Exp | | | | Classes @ \$/Class: | | | |
| and/or my horse(s) attendance at or participation in this | | | | | | | | Amateur Birthday | | | | AQ | AQHA/APHA Fee x \$/Judge: | | |
| event. I am responsible for any loss or damage caused by me or my agents at the show grounds and I will pay any bill | | | | | | | • | Owner of Horse Relationship of Amateur to Owner | | | | c | Shavings @ \$/Bag: | | |
| rendered to me for such loss or damage. | | | | | | y arry Diri | | Relationship of Afriateur to Owner | | | | 3 | | | |
| - | | | | | | | | | Open AQHA # Exp | | | RV/LQ X \$/Night: | | | |
| Signature: | | | | | | | | Birthday | | | | | | /D | |
| Name: | | | | | | | | Owner of HorseRelationship to Owner | | | | F | laulin Fee @ \$/Hors | se/Day: | |
| Address: | | | | | | ip: | | nerationship to Owner | | | | s | Stall(s) @ \$/Day/Night: | | |
| Telephone: Emergency Number: | | | | | | | | (Applicable) Permanent Back # | | | | 0 | Office Fee @ \$/Horse: | | |
| Mail this entry form & copies of Registration & Exhibitor | | | | | | & Exhibit | or | | | | | Pi | Pattern Book @\$/Book: | | |
| Card wit | n stall pa | ayment | to: | | | | | (STALL WITH | | |) | · | | | |
| Nancy Ostle Zahn All other fees can be paid at the show. Make checks payable to | | | | | | | | Available Online Pre-Entry at | | | | | Post Entry Fee: | | |

http://www.showeasyentry.com/wmqha/

Total Fees Due: _____

Butte, MT 59750 Phone: (406) 799-3452 the above organization.