



WISCONSIN PINTO HORSE ASSOCIATION

2024 MASTER ENTRY AND SHOW FEES FORM

YOU MUST FILL OUT ONE FORM PER SHOW!!!

May 10-12

OR

August 9-11

**PLEASE PRINT CLEARLY - failure to do so can result in loss of points and/or awards
ONLY ONE EXHIBITOR / HORSE PER FORM. YOU MUST USE THE SAME BACK # ALL YEAR LONG.**

Horse Name: _____ **Foal Date:** _____

PtHA Registration No.: _____ **Exhibitor Back #:** _____

Circle one in each category: (Not necessary if only entering All-Breed Open Classes)

Horse Pony Miniature Solid | Mare Stallion Gelding | Overo Tobiano | Stock Hunter Pleasure Saddle

Pinto Horse or Horse Owner Name: _____ **Phone No.:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

PtHA Membership #: _____ **Wisconsin PtHA Membership #:** _____

Is this horse being leased? _____

(Please include a copy of the PtHA Lease Notification Form/Form must be on file with PtHA prior to showing.)

AMATEUR Exhibitor Name: _____ **Phone No.:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

PtHA Mmbrshp #: _____ **WPtHA Mmbrshp #:** _____ **NSBA Mmbrshp #** _____

Relationship to Pinto Horse Owner: _____

(Family Notification Form must be on file with PtHA prior to showing/Please include copy of the form)

Amateur Class No.														
Amateur Class No.														

YOUTH Exhibitor Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

PtHA Mmbrshp #: _____ **WPtHA Mmbrshp #:** _____ **NSBA Mmbrshp #** _____

Relationship to Pinto Horse Owner: _____

(Family Notification Form must be on file with PtHA prior to showing/Please include copy of the form)

Youth Class No.														
Youth Class No.														

OPEN PINTO Exhibitor Name: _____ **Phone No.:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

PtHA Mmbrshp #: _____ **WPtHA Mmbrshp #:** _____ **NSBA Mmbrshp #** _____

Open Pinto Class No.														
Open Pinto Class No.														

ALL-BREED OPEN Exhibitor Name: _____ **Phone No.:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

ABO Class No.														
ABO Class No.														

(Continued on back side.)

I, the undersigned, in consideration of being allowed to participate as an exhibitor, contestant, along with the owner, lessor, trainer, manager, agents, coach, rider and horse at this Pinto Horse Association (PtHA) and Wisconsin Pinto Horse Association (WPtHA) event at either Sunnyview Exposition Center, Oshkosh, WI or Jefferson County Fair Park, Jefferson, WI, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge PtHA and WPtHA, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of PtHA and WPtHA. I shall not bring any claims, demands, legal actions or causes of action against PtHA and WPtHA for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event. I have also read the PtHA and WPtHA show rules.

I/WE THE UNDERSIGNED HAVE READ AND AGREED TO THE ABOVE AGREEMENT AND WAIVER AND TESTIFY TO THE ABOVE BY SIGNATURE BELOW:

Signature of owner or exhibitor/agent. Must be over the age of 18.

SHOW FEES:

UNLIMITED PINTO CLASS SHOW FEE: \$250.00 \$ _____

OR

PER PINTO CLASS: # of classes (up to 10 classes) _____ x \$25.00 = \$ _____

\$1 Per Class PtHA Fee: (required only for Pinto Classes) # of classes _____ x \$1.00 = \$ _____

All-Breed Open Classes: # of classes _____ x \$10.00 = \$ _____

NSBA Classes: # of classes _____ x \$10.00 = \$ _____

NSBA Membership # _____

PtHA Office Fee (charged per Pinto horse) \$ _____ \$20.00

Wisconsin Pinto Office Fee (required of ALL exhibitors) \$ _____ \$20.00

Leadline Class: \$10.00 (Non-ROM; Open to Any Breed) \$ _____

Jump-Out Fee: \$25.00 (showing out of your trailer) # of days x \$25.00 \$ _____

Wisconsin Pinto Membership: \$20 Individual/\$20 Youth/\$25 Family WPtHA # _____ \$ _____

(REQUIRED for WPtHA Year-End Awards & Show High Point Awards; Must fill out separate 2024 WPtHA Membership Form.)

TOTAL AMOUNT DUE: \$ _____

PAYMENT INFORMATION:

By Check: Make payable to Wisconsin Pinto

By PayPal: wpthaisspoton@gmail.com

If paying by PayPal, please provide the name of the account to be paid: _____

By Square or Credit Card: (3% will be added for credit card processing)

Billing Zip Code (for Square payment): _____

Credit Card: _____ Visa _____ MasterCard _____ Discover _____ American Express

Card No: _____ Exp. Date: _____ CVV#: _____

Name on Card: _____

Signature of Card Holder: _____

- **NO REFUNDS WITHOUT A VETERINARIAN CERTIFICATE AND/OR WPTHA BOARD OF DIRECTORS APPROVAL.**
- Stalls & Camping Sites are assigned by Show Management. WPtHA will attempt to accommodate all requests but will not guarantee that all requests can be honored.
- NO SOCIAL MEDIA OR TEXT MESSAGE RESERVATIONS WILL BE ACCEPTED.

MAIL TO: CHRISTINA KOOIMAN 1137 TYLER ST. SOUTH, SHOKOPEE, MN 55379 cgk112@gmail.com