

# WMQHA Aug Entry Form

Please submit 1 form per horse. Online Entry is preferred at Mountain State Quarter Horse Alliance Website.

## Horse Information

AQHA Horse Registered Name \_\_\_\_\_ AQHA Reg. # \_\_\_\_\_

APHA Horse Registered Name \_\_\_\_\_ APHA Reg # \_\_\_\_\_

Sex \_\_\_\_\_ Foaling Date \_\_\_\_\_ Trainers Name \_\_\_\_\_

Permanent Back Number? \_\_\_\_\_ Association? \_\_\_\_\_

## Owner Information

Owners name (exactly as on papers) \_\_\_\_\_ Birthday \_\_\_\_\_

AQHA Membership Type: \_\_\_\_\_ AQHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_

APHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ APHA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Open Exhibitor Information

Is Open Exhibitor the same as the Owner: Yes \_\_\_\_\_ No \_\_\_\_\_ Relation to Owner \_\_\_\_\_

Open Exhibitor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AQHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

APHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ APHA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

\_\_\_\_\_

## Amateur Exhibitor Information

Is Amateur Exhibitor the same as the Owner: Yes \_\_\_\_\_ No \_\_\_\_\_ Relation to Owner \_\_\_\_\_

Amateur Exhibitor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AQHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

APHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ APHA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

\_\_\_\_\_

### **Youth Exhibitor Information**

Is Youth Exhibitor the same as the Owner: Yes \_\_\_\_\_ No \_\_\_\_\_ Relation to Owner \_\_\_\_\_

Youth Exhibitor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AQHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

APHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ APHA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

\_\_\_\_\_

### **DISCLAIMER OF LIABILITY AND AGREEMENT**

I accept any and all liability for any accident, loss, damage, injury or illness to any riders, horses, owners, spectators, property, vehicles and their contents and accessories or any other person or property whatsoever, whether caused by their negligence, breach of contract or in any other way whatsoever. Horses are entered at my own risk and are subject to AQHA & APHA rules. In case of death, accident, injury or theft, to the exhibitor, their friends & family, horses, property, etc., no claims will be honored against Western Montana Quarter Horse Association, Show Management or Staff and all those associated with this show.

By signing below, I agree to these conditions.

Participant Signature: (Must be 18 to sign)

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent or Legal Guardian: (Parent or Legal Guardian must sign for minor exhibitors. Must be 18 to sign):

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Minor Signing For: \_\_\_\_\_

## Stall/RV Form

Dry Camping (Yes/No)

Arrival Date Leave Date Total Nights

RV Camping (Yes/No)

Arrival Date Leave Date Total Nights

RV Length Amp Preference (20,30,50)

Stalling (Yes/No)

Number of Stalls Stall With

Arrival Date Leave Date Total Nights

Stall Type requested (Box, Panel Pen, Outdoor)

Barn Requested

Shavings (Bag #'s or Wheelbarrows) Pre Bed (Yes/No)

Haul In (Those Not Stalling Yes/No) Total Days

*I will do my best to accommodate you as best I can. With limited stalling it is very difficult to make everyone fit. I appreciate your understanding. No outside shavings are permitted. Check FB for shaving details.*

*Please submit your Papers and Membership Cards with your Entry.*

*I look forward to seeing you this year! -Mikalah*

# Trainers/Group Stall Form

1 form per group please

Barn Name \_\_\_\_\_

Responsible Party	Number of Stalls	Type of Stall	Tack Spilt

Total Horse Stalls \_\_\_\_\_

Total Tack Stalls \_\_\_\_\_

Grand Total \_\_\_\_\_

Please Email or Send to:

Mikalah Marbach

2708 9<sup>th</sup> Ave.

Clarkston, WA 99403

MikalahShowServices@gmail.com

Questions? (208) 791-7316