

WAHA August Lite

7/31/26 to 8/2/26

		Horse's Name			Reg. No.		DOB MM/DD/YY	Sex	Color	Sweepstakes Yes No	
		Sire		Dam							
Rider 1	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		WDAA# (if applicable)				USEF#			US Citizen: Yes No		
Address				City			State		Zip		
Rider 2	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		WDAA# (if applicable)				USEF#			US Citizen: Yes No		
Address				City			State		Zip		
Rider 3	Classes / Sections										TOTAL FEES
	Entry Fees										\$
Name				DOB MM/DD/YY		Amateur Certificate Yes No		Rider's Relationship to horse owner(s) for owner classes			
AHA#		WDAA# (if applicable)				USEF#			US Citizen: Yes No		
Address				City			State		Zip		

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers. Minor entrants must also have parent/guardian signature(s) on the back., releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

THE FOLLOWING MUST BE SENT WITH YOUR ENTRIES
Photo copies of AHA, USEF/EC, Membership cards for each Rider/Driver/Handler/Coach/Trainer/Owner, Horses Registration papers & Purchase contract if applicable.

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____
 If Joint owner check one: Non Related Co Owner Related – What is the Relationship? _____
 AHA# _____ WDAA# _____
 USEF# (Mandatory) _____
 Current Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

TRAINER INFORMATION (must be filled out, if there is no trainer, the person responsible for the horse at the show)

Name _____
 AHA# _____ USEF # (Mandatory) _____
 Address _____ Phone _____
 City _____ ST _____ Zip _____
 Email _____

ADDITIONAL INFORMATION Camper Plate # _____ Camper make _____

Send Acknowledgement to Owner Trainer Both _____
 Email Acknowledgement to (Print) _____
 Stable with _____

Total Entry Fees-----\$ _____
 _____ Office Fee (per horse) @ -----\$ _____
 _____ AHA Resolution 9-90 &
 Recording per horse @\$12 -----\$ _____
 _____ Box Stalls @ \$95-----\$ _____
 No initial bedding
 _____ Tack Stalls @ \$95 -----\$ _____
 _____ Camping @\$40/night -----\$ _____
Member/Single Event Fees:
 _____ AHA Single Event Fee per person @\$40 - \$ _____
Other Fees
 _____ Class Sponsorship @\$25-----\$ _____
 _____ Patronship@\$125-----\$ _____
 _____ WDAA Membership \$55 adult/\$40 youth - \$ _____
 _____ Shavings @ \$10/each -----\$ _____

TOTAL FEES DUE-----\$ _____

Office use _____
 Check _____
 Total _____
 Due/Refund _____
 Post Mark Date _____

ENTRIES CLOSE – 7/18/26 for mailed
 Make Checks payable to WAHA
Mail to: Chelsea Wesson, 1248 Mt. Olive Trl, Litchfield, IL 62056
 Online entry strongly encouraged at www.noteworthyshows.com

ALL ENTRY FORMS MUST BE PROPERLY SIGNED