



Western Dressage Entry Form

☐ WDAA*

☐ AQHA*

Back #:

FCHC Office Use Only

*You must include applicable membership card(s), exhibitor card(s), and horse registration papers in order for this entry form to be processed. An invoice will be sent to the responsible party after entry is reviewed. Entry will not be considered received until payment has been received.

Please only print or type. Use one form per horse/rider combo.

Show Dates: _____

Responsible/Paying Party Name: _____ Payment Method: ☐ CC (Fee Applies) ☐ Zelle

Phone: _____ ☐ OK to text? ☐ Email: _____

Horse's Name: _____ Gender: ☐ M ☐ G ☐ S Year Foaled: _____

WDAA #: _____ AQHA Reg #: _____

Owner/Leasee Name: _____ Email: _____

WDAA #: _____ Exp: _____ AQHA #: _____ Exp: _____ Phone: _____

NOTICE: Under Florida Statute, Section 773.02, except as provided in Section 773.03, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. Participants and spectators agree to release from liability the Florida Color Horse Club, the Alachua County Agriculture & Equestrian Center, the Alachua County Board of County Commissioners, the American Paint Horse Association, the Pinto Horse Association of America, and any of their staff, personnel, or contractors regarding any claim of loss or injury to any horse, human or property occurring at this event.

ALL EXHIBITORS MUST COMPLETE A SHOW FACILITY WAIVER ONCE PER CALENDAR YEAR. FORM IS AVAILABLE AT WWW.SHOWFCHC.COM.

Exhibitor Name: _____ Rel. to Owner: _____ DOB: _____

WDAA #: _____ Exp: _____ ☐ Open ☐ AA ☐ JRYR

AQHA #: _____ Exp: _____ ☐ Open ☐ AA ☐ JRYR Show Card Exp: _____

Class #	Class Description

FEE TYPE	TOTAL
<input type="checkbox"/> Flat Fee: \$500	\$
<input type="checkbox"/> A La Carte Fee: \$45 x _____ tests =	\$
<input type="checkbox"/> Office Fee: \$50 =	\$50.00
<input type="checkbox"/> AQHA Processing Fee: \$25 =	\$25.00
<input type="checkbox"/> Stalls: \$100* x _____ stalls =	\$
<input type="checkbox"/> Additional Stall Days: \$25 x _____ days =	\$
<input type="checkbox"/> Shavings: \$9 x _____ bags =	\$
<input type="checkbox"/> Haul-In Fee: \$35 x _____ days =	\$
<input type="checkbox"/> RV Hookup: \$50 x _____ nights =	\$
*\$50 non-refundable stall deposit will be applied toward this cost	

Send this completed form, along with any applicable documents, to info@showfchc.com.