ENTRY FORM

BACK NUMBER

HORSE				REGISTRATION #	
YEAR FOALED	SEX	М	S	G	
OWNER				MEMBERSHIP #	
CITY/STATE/ZIP					
STALLS SHAVINGS JUMP OUT FEE				FULL HOOKUP TRAIL FEE	
ELECTRICAL				MISC FEES	

IF STALLS AND SHAVINGS ARE BOOKED UNDER ANOTHER PERSON'S NAME, PLEASE PUT WHO THEY ARE BOOKED UNDER.

AMATEUR SELECT RIDERS: PLEASE MARK IF YOU WANT YOUR POINTS TO GO TO AMATEUR INSTEAD OF AM SELECT FOR ALL AROUND

MAKE CHECKS PAYABLE TO: WQHA

I, THE UNDERSIGNED, AGREE TO ABIDE BY THE RULES AND REGULATIONS OF AQHA AND THE SHOW PRESENTLY ENTERED AND ASSUME FULL RESPONSIBILITY FOR MY HORSE, PROPERTY, AND PERSON. WQHA, AQHA, AND WYOMING STATE FAIR ARE NOT LIABLE FOR ANY INJURY OR ILLNESS TO ME, MY FAMILY OR MY HORSE.

SIGNED______

EXHIBITOR #1

 EXHIBITOR
 MEMBERSHIP#

 ADDRESS
 AMATEUR
 NOVICE

 CITY/STATE/ZIP
 YOUTH
 NOVICE

EMAIL ADDRESS

FOR YOUTH OR AMATEUR – RELATIONSHIP TO HORSE OWNER_____

CLASSES ENTERED: ONE CLASS NUMBER PER SQUARE.

EXHIBITOR # 2

EXHIBITOR	MEMBERSHIP#	
ADDRESS	AMATEUR	NOVICE
CITY/STATE/ZIP	YOUTH	NOVICE

EMAIL ADDRESS_____

FOR YOUTH OR AMATEUR – RELATIONSHIP TO HORSE OWNER_____

CLASSES ENTERED: ONE CLASS NUMBER PER SQUARE.

EXHIBITOR #3

EXHIBITOR	MEMBERSHIP#				
ADDRESS	AMATEUR	NOVICE			
CITY/STATE/ZIP	YOUTH	NOVICE			

EMAIL ADDRESS	
FOR YOUTH OR AMATEUR – RELATIONSHIP TO HORSE OWNER	

CLASSES ENTERED: ONE CLASS NUMBER PER SQUARE.