

WMQHA QH & APHA Show

Now Available Online Pre-Entry at
<http://www.showeasyentry.com/wmqha/>

Exhibitor #

Last Name:

(for office use only)

Entry Form

| | | | |
|---------------------------------------|----------------|--|--|
| Name of Horse | Registration # | Date Foaled | <input type="checkbox"/> Stallion <input type="checkbox"/> Mare <input type="checkbox"/> Gelding |
| Sire | Dam | <input type="checkbox"/> MQHA <input type="checkbox"/> MSQHA <input type="checkbox"/> IAQH <input type="checkbox"/> APHA | |
| Owner (as it appears on registration) | | Mailing Address | |
| City & State | | Zip Code | Phone Number |
| MQHA Back # (if applicable) | | OTHER PERMANENT BACK# (If applicable) | |

Waiver Release: As a condition of my participation (and/or the participation of my child) in this event, I agree as follows: I release the Sapphire Event Center and/or WMQHA, its employees, volunteers, agents, the show facility and the management of this show from any loss or damage that may occur to me, my horse, or my property as a result of my and/or my horse(s) attendance at or participation in this event. I am responsible for any loss or damage caused by me or my agents at the show grounds and I will pay any bill rendered to me for such loss or damage.

Owner/Agent

Parent/Guardian of Minor

Exhibitor #1

Name: _____
Address: _____
Membership #: _____
Expiration: _____ DOB: _____
Relationship to owner: _____

Classes Exhibitor #1

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Exhibitor #2

Name: _____
Address: _____
Membership #: _____
Expiration: _____ DOB: _____
Relationship to
Owner: _____

Classes Exhibitor #2

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Mail completed entry form along with AQHA Registration Papers and All Owner & Exhibitor Cards to:

Nancy Ostle-Zahn, AQHA Show Secretary

116157 N Buxton Rd, Butte, MT 59750

Phone: (406) 799-3452 email: naostle@gmail.com