WMQHA AQHA/APHA Show July 21 & 22, 2018

Sapphire Event Center, Corvallis MT

Office Use Only	Write class numbers below:						Write Name of Horse (Exactly as it appears on Registration:	Registration Number:	Sex	Birth Year	Owner:	Exhibitor/Rider	AQHA/ABRA Number:

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, and 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.

Signature: _____
Name: _____
Address: _____
City: _____State: _____ Zip: _____
Telephone: _____
Emergency Number: _____

Mail this entry form & copies of Registration & Exhibitor Card with stall payment to:

Nancy Ostle Zahn
116157 N Buxton Rd
Butte, MT 59750
Phone: (406) 799-3452

All other fees can be paid at the show. **Make checks payable to the above organization.**

Youth AQHA # _____ Exp _____
Youth Birthday _____
Owner of Horse _____
Relationship of Youth to Owner _____

Amateur AQHA # _____ Exp _____
Amateur Birthday _____
Owner of Horse _____
Relationship of Amateur to Owner _____

Open AQHA # _____ Exp _____
Birthday _____
Owner of Horse _____
Relationship to Owner _____

(Applicable) Permanent Back # _____

(STALL WITH _____)

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

_____ Flat Fee @ $ _____/Class: _____

_____ Classes @ $ _____/Class: _____

_____ Classes @ $ _____/Class: _____

_____AQHA/APHA Fee x $ _____/Judge: _____

_____ Shavings @ $ _____/Bag: _____

_____ RV/LQ X $ _____/Night: _____

_____ Haulin Fee @ $ _____/Horse/Day: _____

_____ Stall(s) @ $ _____/Day/Night: _____

_____ Office Fee @ $ _____/Horse: _____

_____Pattern Book @$_____/Book:_____

Post Entry Fee: _____

Total Fees Due: _____