

# 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](mailto:naostle@gmail.com)