

# WMQHA AQHA/ABRA Show May 25 & 26, 2019

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/ABRA 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: \_\_\_\_\_