

WMQHA May Entry Form

Please submit 1 form per horse. Online Entry preferred on the Cinch Horse Show Tracker app

Horse Information

AQHA Horse Registered Name _____ AQHA Reg. # _____

APHA Horse Registered Name _____ APHA Reg. # _____

Sex _____ Foaling Date _____ Trainers Name _____

Permanent Back Number? _____ Association? _____

Owner Information

Owners name (exactly as on papers) _____

AQHA ID# _____ EXP Date _____ APHA ID# _____ EXP Date _____

AQHA Membership Type: _____ APHA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Exhibitor #1 Information

Is Exhibitor #1 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #1 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ APHA ID# _____ EXP Date _____

AQHA Membership Type: _____ APHA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Please submit a copy of all papers, membership cards and AQHA 2022 leveling report

Exhibitor #2 Information

Is Exhibitor #2 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #2 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ APHA ID# _____ EXP Date _____

AQHA Membership Type: _____ APHA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

DISCLAIMER OF LIABILITY AND AGREEMENT

I accept any and all liability for any accident, loss, damage, injury or illness to any riders, horses, owners, spectators, property, vehicles and their contents and accessories or any other person or property whatsoever, whether caused by their negligence, breach of contract or in any other way whatsoever. Horses are entered at my own risk and are subject to AQHA and APHA rules. In case of death, accident, injury or theft, to the exhibitor, their friends & family, horses, property, etc., no claims will be honored against Western Montana Quarter Horse Association, Show Management or Staff and all those associated with this show.

By signing below, I agree to these conditions.

Participant Signature: (Must be 18 to sign)

X _____ Date: _____

Printed Name _____

Parent or Legal Guardian: (Parent or Legal Guardian must sign for minor exhibitors. Must be 18 to sign):

X _____ Date: _____

Printed Name: _____

Name of minor signing for: _____

Please submit a copy of all papers, membership cards and AQHA 2022 leveling report

Show Pricing Sheet

Please make checks to WMQHA

<u>Fee Type</u>	<u>Price</u>	<u>Number</u>	<u>Per Judge/Horse</u>	<u>Sub Total</u>
Office Fee	\$15 Per Horse	1	X 1 =	\$15
AQHA Admin Fee	\$8 Per Judge/Per Horse		X 3 =	
APHA Admin Fee	\$2 Per Judge/Per Horse		X 2 =	
Trail Fee	\$10 per Horse		X 1 =	
Haul in/Grounds Fee	\$15 Per Horse/Per Day		N/A	
AQHA/VRH Open/Am Class	\$18/Judge		X 3 =	
AQHA/VRH Youth	\$16/judge		X 3 =	
APHA, Rookie, All Breed	\$14/Judge		X 3 =	
10 & Under Classes	FREE		FREE	FREE
All Inclusive	\$550 (By 5/18/22)		X 1 =	
Late All Inclusive	\$625 (After 5/18/22)		X 1 =	
Late Fee	\$45 (After 5/18/2022)		X 1 =	
Cattle Fee	\$60 Per Go			

Total _____

WMQHA Stalls

Stalling Information. Please Circle type of stall and rate.

<u>Stall Type</u>	<u>Circuit Rate</u>	<u>Night Rate</u>	<u>Number of Stalls</u>	<u>Total</u>
Indoor Stalls	\$120	\$60		
Panel Pen	\$100	\$50		
Outdoor Pen	\$80	\$40		
Tack Stall	\$120	\$60		

Circuit rate includes Friday and Saturday, if postmarked 10 days ahead, \$20 added to the circuit rate if postmarked after pre entry date.

Subtotal _____

Please Stall with: _____

Late Fee _____

Total _____

Shavings are available for purchase though the 5C Arena and Event Center (406)-363-8236

RV Information

<u>RV Type</u>	<u>Rate Per Night</u>	<u>Number of Nights</u>
RV Hookups	\$45	
Dry Camping	\$20	

License Plate of Trailer/Camper _____

Description of Trailer/Tent _____

Total _____

Trainers/Group Stall Form

1 form per group please

Barn Name _____

Responsible Party	Number of Stalls	Type of Stall	Tack Spilt

Total Horse Stalls _____

Total Tack Stalls _____

Grand Total _____

Please Email or Send to:
Mikalah Marbach
2708 9th Ave.
Clarkston, WA 99403
MikalahShowServices@gmail.com
Questions? (208) 791-7316