

Bronze Classic Entry Form

Please submit 1 form per horse. Online Entry preferred at Mountain State Quarter Horse Alliance Website.

Horse Information

AQHA Horse Registered Name _____ AQHA Reg. # _____

Open All Breed Horse Name _____

Sex _____ Foaling Date _____ Trainers Name _____

Permanent Back Number? _____ Association? _____

Owner Information

Owners name (exactly as on papers) _____ Birthday _____

AQHA Membership Type: _____ AQHA ID# _____ EXP Date _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Open Exhibitor Information

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

Open Exhibitor Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

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

Amateur Exhibitor Information

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

Amateur Exhibitor Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

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

Youth Exhibitor Information

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

Youth Exhibitor Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA 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

As a condition of my participation (and/or the participation of my child) in this event, I agree as follows:

I release the Washington State Horse Park and the Bronze Classic, 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. 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: _____

Stall/RV Form

Dry Camping (Yes/No)

Arrival Date Leave Date Total Nights

RV Camping (Yes/No)

Arrival Date Leave Date Total Nights

RV Length Amp Preference (50,30)

Stalling (Yes/No)

Number of Stalls Stall With

Arrival Date Leave Date Total Nights

Shavings Stall Comes with 3 Bags (Additional Shaving Bag#)

Haul In (Those Not Stalling Yes/No) Total Days

I will do my best to accommodate you as best I can. With limited stalling it is very difficult to make everyone fit. I appreciate your understanding. No outside shavings are permitted. RV's for our show will have assigned spots. Longer vehicles will have priority in the back in spots. RV Length will be required on this form to reserve a spot.

Please submit your Papers and Membership Cards with Entry.

I look forward to seeing you this year! -Mikalah

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