Wisconsin Foundation Quarter Horse Association

Back #

2011 Class Entry Form

One Form per Horse & Rider

Show Date (Circle): June 4-5th July 9-10th August 13-14th September 17-18th

***Horse Info*: Horse Name:_____ Year Foaled:_____**

Sex:_____ Foundation Reg#:_____ AQHA#:_____

Owner Name: _____ WIFQHA # _____ AQHA #_____

Owner Address _____
Street City State Zip Phone #

Exhibitor Name: _____ WIFQHA #_____ AQHA# _____

Exhibitor Address: _____
Street City State Zip Phone #

Division(Circle) ***Open*** ***Amateur*** ***Youth*** ***Senior*** ***All-Breed***

Entering Classes

*Please CIRCLE the classes listed at right that you wish to enter.

*If you need to add or scratch a class, a separate form must be completed.

*AQHA classes require an additional entry form.

All-Day Saturday Flat Fee

***Amateur & Youth only**
***Excludes all cattle classes**
***Must enter a conformation class**

Circle: YES / NO

Conformation

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

Open

21	54
23	58
25	62
33	66
34	70
37	71
42	78
47	81
53	87

Amateur

24	61
26	65
35	69
38	72
43	79
48	82
57	90

Youth

28	59
29	60
30	63
36	64
39	67
40	68
44	74
45	75
46	77
49	80
50	84
51	85
55	88
56	89

Senior

27	83
73	91

All-Breed

22	52
31	76
32	86
41	

***Show & Class Fees are listed on the 2011 WIFQHA Showbill.**
***Please bring a copy of current coggins for all horses. For exhibiting, bring copies of Registration papers- Foundation & AQHA as well as appropriate membership cards.**

I agree that all class, entry, stall, member and other fees are non-refundable. Fees are due and become payable on or before the end of the show date. Advanced registrations are appreciated. Furthermore, I acknowledge horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. In consideration of my participation in this event, I will defend, indemnify, and hold harmless any agents or employees of the above against all claims, demands, and causes of action, including court costs and actual attorney's fees arising from any proceeding or lawsuit brought by or prosecuted to my benefit. This agreement is binding on my executors, heirs and assigns. My signature acknowledges that I have read this liability and medical release and know and understand its contents. The WIFQHA, show committee and owners of the show grounds are not responsible for accidents, injury, loss of personal property or damage to horses, riders, handlers or spectators per section 895.481 (1)(e) of Wisconsin State Statutes.

_____ _____ _____

Parent or Guardian if Under 18 ***Exhibitor*** ***Date***

****Mail Pre-Registrations To*: *Karen Fleischmann- W4380 St. Hwy 73 Neillsville, WI 54456 Phone # (715)743-4717***