

WIFQHA ENTRY FORM (FILL OUT ONE ENTRY PER HORSE AND THREE EXHIBITORS)

Horse's Name: _____ Sex: ____ Year Foaled: ____
 Owner's Name: _____ AQHA#: _____
 Address: _____
 City: _____ State: ____ Zip: _____ Phone: _____

Exhibitor Name: _____
 Address: _____ City: _____ State: ____ Zip: _____ Phone: _____
 Please Check One: ____ Amateur__ Youth__ Open __ Senior Age: ____ Membership# _____ AQHA# _____
 Classes Showing In: _____
 All Around Award: Yes ____ No ____ Division: __ Youth__ Amateur__ Open ____ Senior IF YES Indicate the five classes
 all classes must be from the same division: **1 CONFORMATION CLASS** _____ **2 PERFORMANCE CATTLE CLASS** _____
2 PERFORMANCE NON-CATTLE CLASS _____

Exhibitor Name: _____
 Address: _____ City: _____ State: ____ Zip: _____ Phone: _____
 Please Check One: ____ Amateur__ Youth__ Open __ Senior Age: ____ Membership# _____ AQHA# _____
 Classes Showing In: _____
 All Around Award: Yes ____ No ____ Division: __ Youth__ Amateur__ Open ____ Senior IF YES Indicate the five classes
 all classes must be from the same division: **1 CONFORMATION CLASS** _____ **2 PERFORMANCE CATTLE CLASS** _____
2 PERFORMANCE NON-CATTLE CLASS _____

Exhibitor Name: _____
 Address: _____ City: _____ State: ____ Zip: _____ Phone: _____
 Please Check One: ____ Amateur__ Youth__ Open __ Senior Age: ____ Membership# _____ AQHA# _____
 Classes Showing In: _____
 All Around Award: Yes ____ No ____ Division: __ Youth__ Amateur__ Open ____ Senior IF YES Indicate the five classes
 all classes must be from the same division: **1 CONFORMATION CLASS** _____ **2 PERFORMANCE CATTLE CLASS** _____
2 PERFORMANCE NON-CATTLE CLASS _____

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 the Wisconsin Statutes.

Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

Show Date: _____	Back #: _____
Entry Fees: Senior/Amateur/Conformation- \$10/class X ____ classes \$ _____ Youth- \$5/class X ____ classes \$ _____ Open Performance class \$15 X ____ classes \$ _____ AQHA- \$15 class X ____ classes \$ _____	
Cattle Charges (AQHA & WIFQHA) Roping & stopping- \$20/go X ____ classes \$ _____ Ranch Cutting \$25/horse/rider X ____ classes \$ _____ Working Cow Horse \$25/horse/rider X ____ classes \$ _____ Open & AQHA Cutting \$35/horse/rider X ____ classes \$ _____ WIFQHA Membership \$ _____ Stall rental- Stall (weekend) \$35/stall \$ _____ Tie Stall (June & July shows) \$20/stall \$ _____ Camping anywhere on grounds: \$10/night X ____ nights \$ _____ Copy Fee: \$1.00 copy X ____ copies \$ _____ Office Fee: \$10/horse/day X ____ days \$ _____ Additional Non-Member Show Fees: \$10/day X ____ Days \$ _____ <p style="text-align: right;">TOTAL: \$ _____</p>	

OFFICE USE ONLY:
 In State coggins: _____
 Out of State coggins and Health papers _____
 Foundation Papers in hand _____
 AQHA Papers in Hand _____

Entry form can be mailed or emailed to:
 Cara Jones
 18956 CTY HWY NN
 Cazenovia WI 53924
 pinklc@mwt.net