

Western PA Quarter Horse Association – 2020, August 14, 15, 16

**FILL IN ALL ITEMS ON THIS PAGE IF THIS IS
YOUR FIRST SHOW WITH US THIS YEAR**

CHECK # _____

BACK # _____

Cell Phone # _____ of participant **AT THE SHOW**

* In the event we have a question on your entries, we can reach you.

Responsible Party _____

Phone # _____ Email Address: _____

Address _____ City, State, Zip _____

Horses Name _____ Reg. # _____ Year Foaled _____

Owner _____ AQHA # _____

*OWNER, AMATEUR, YOUTH, OPEN INFORMATION- **EXACTLY** AS IT IS LISTED ON AQHA CARDS*

AMATEUR RIDER

Address _____
City, State, Zip _____

Date of Birth _____

AM Card # _____

Relation To Owner _____

YOUTH RIDER

Address _____
City, State, Zip _____

Date of Birth _____

YOUTH Card # _____

Relation To Owner _____

SMALL FRY/LEADLINE RIDER

Address _____
City, State, Zip _____

Date of Birth _____

YOUTH Card # _____

Relation To Owner _____

OPEN RIDER

Address _____
City, State, Zip _____

Date of Birth _____

OPEN Card # _____

Relation To Owner _____

****WPQHA Officers, Show Secretary, and/or Show Mangement reserves the right to expel exhibitors who demonstrate unsportsmanlike conduct and/or inhumane treatment of horses and will report cases of abuse to AQHA. Horses are entered at your own risk and are subject to AQHA rules under which these classes are conducted. ***** WPQHA is not responsible in case of death,accident,injury or theft, to the exhibitors,their family,horses or propty *****
*****No claims will be honored against WPQHA, WPQHA Shows or Show Grounds Facility*******

I verify the above information and have read and understand the above statements. Covers All WPQHA 2020 Shows.

SIGNATURE: _____

*****OFFICE USE ONLY*****

STALLED WITH _____

AQHA MEMBERSHIP _____

STALL # _____

NSBA MEMBERSHIP _____

Tack Stall # _____

WPQHA MEMBERSHIP _____

SHAVINGS # _____

WPQHA NOMINATIONS _____

RV # _____

Haul IN _____

MISC CHARGES _____