

Western PA Quarter Horse Association – 2021, MAY 28th - May 31st

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

CHECK # _____

(only filled out at show)

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

Date of Birth _____

Address _____

AM Card # _____

City, State, Zip _____

Relation To Owner _____

YOUTH RIDER

Date of Birth _____

Address _____

YOUTH Card # _____

City, State, Zip _____

Relation To Owner _____

SMALL FRY/LEADLINE RIDER

Date of Birth _____

Address _____

YOUTH Card # _____

City, State, Zip _____

Relation To Owner _____

OPEN RIDER

Date of Birth _____

Address _____

OPEN Card # _____

City, State, Zip _____

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 _____