

WCMHC WILD ROSE SHOW

DEADLINE FOR ENTRIES TO BE RECEIVED JUNE 25, 2024

All fees must be received 24 hours after you receive confirmation email from show manager.

Stalling Will Not Be Assigned Without Full Payment.

To be stalled together entries must all be received the same day with request.

Email. showmanagersarah@gmail.com Completed entry forms. DO NOT e-transfer until you receive a confirmation email from Sarah Hunter Schacter.

EXHIBITOR INFORMATION REQUIRED:

NAME: _____ PHONE _____

EMAIL _____

ADDRESS _____

Amateur Number _____ Youth Number _____ Youth Birthdate _____

Member Number _____

CLASSES:

TOTAL OPEN CLASSES AMHA _____ X 30.00 = _____

TOTAL YOUTH CLASSES AMHA _____ X 15.00 = _____

TOTAL OPEN CLASSES AMHR _____ X 30.00 = _____

TOTAL YOUTH CLASSES AMHR _____ X 15.00 = _____

ADD AMHA FEE. # OF AMHA HORSES _____ X \$5.00 _____

CAMPING SPACE _____ X 70.00 = _____

STALLING: THURSDAY JULY 25 TO SUN JULY 28

HORSE STALLS Members _____ X 70.00 = _____

HORSE STALLS Non- Members _____ X 80.00 = _____

TACK STALLS (Right to Limit) _____ X 70.00 = _____

If paying by Credit Card a fee of 2.31% will be added to the total.

Horses Will Not Be Entered In The Show Without The Correct Registration Papers, Amateurs
And Youth Will Not Be Entered With Out A Valid Amateur/Youth Card

All exhibitors with Special Needs are welcome to participate in the shows.

Judge evaluation forms will be available at the office to be completed voluntarily.

Neither the Western Canadian Miniature Horse Club (WCMHC), Claresholm Agri Plex
Their show committee, volunteers, agents or employees and their families shall in anyway
be liable for any accident, injury, damage, loss or for any other matter that may happen to
exhibitors, owners, agents' family or anyone or to any animal or article brought to the show
grounds. It is understood and agreed that by participation in the WCMHC show, all participants,
owners, or agents acknowledge that equestrian events involve inherent risk and do hereby
indemnify and hold harmless the WCMHC, Claresholm Agri Plex and their show committee,
volunteers, agents and employees and their families of any and all costs or expenses or any
claim there of whatever nature arising be reason of participation.

I agree to the above _____

I certify that I am an amateur as recognized by the Rules of AMHA. Sign, _____

Office Use only

Payment _____ Registration _____ Membership _____ Ammy Card _____

Signature _____ Sr Stallion Cert _____ Camping _____

PRINT AS MANY OF THE FOLLOWING PAGES AS NEEDED.

REGISTERED NAME: _____

REGISTRATION NUMBER _____ BIRTH DATE _____

SEX: M G S

OWNER _____

HANDLER _____

CLASSES Circle one AMHA or AMHR

HANDLER _____

CLASSES Circle one AMHA or AMHR

REGISTERED NAME: _____

REGISTRATION NUMBER _____ BIRTH DATE _____

SEX: M G S

OWNER _____

HANDLER _____

CLASSES Circle one AMHA or AMHR

HANDLER _____

CLASSES Circle one AMHA or AMHR
