

ONE HORSE PER ENTRY FORM

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HORSE INFO

Horse Name: _____

Registration #: _____ Stallion Mare Gelding | Foal Date: _____

REMINDER: Horses with papers marked with Excessive White, Parrot Mouth, and/or Cryptorchid cannot enter Halter or VRH Ranch Conformation.

Horse Owner Name: _____ Member #: _____

Horse Owner's Relationship to Exhibitor: _____ Exp Date: _____

Both horse owner and exhibitor Membership MUST be current, but it can be renewed at the show office

Owner Address: _____ City, State, Zip: _____

Owner Phone #: _____ Email: _____

****Exhibitor name MUST EXACTLY MATCH membership information**** Open Amateur Youth Rookie Level 1 Member #: _____ Exp: _____

Membership MUST be current, but it can be renewed at the show office

Exhibitor Name: _____ Date of Birth: _____

Exhibitor Address: _____ City, State, Zip: _____

Exhibitor Phone #: _____ Email: _____

****Exhibitor name MUST EXACTLY MATCH membership information**** Open Amateur Youth Rookie Level 1 Member #: _____ Exp: _____

Membership MUST be current, but it can be renewed at the show office

Exhibitor Name: _____ Date of Birth: _____

Exhibitor Address: _____ City, State, Zip: _____

Exhibitor Phone #: _____ Email: _____

RV Hook-up (select which) | Number of Nights _____ Arrival Date: _____

 30 AMP RV Hook-up 50 AMP RV Hook-up Dry CampingStalls: # _____ Indoor Stall Covered Panel Pen Outdoor Pen Circuit or Number of Nights _____ Tack Stall (same fees apply) Split with: _____

*Must have 6 in a group for a Tack Stall.

Bags of Shavings: # _____ Bulk shavings may be available. Prices will be available closer to show.

 Stalls already reserved under _____ (name). Stall and/or RV notes: _____

EXTRAS

WAIVER RELEASE:

As a condition of my participation (and/or the participation of my child) in this event, I agree as follows: I release the 5C Arena and the WMQHA, its employees, volunteers, and agents, the show facility, and the management of this show from any loss or damage that may occur to me, my horse, or my property as a result of my and/or my horse's attendance at or participation in this event. I am responsible for any loss or damage caused by me or my agents at the show grounds and I will pay any bill rendered to me for such loss or damage. I also agree to abide by all show rules.

Signature: _____

Date: _____

BACK #: _____

*MUST show under MQHA Exhibitor Number to count towards MQHA Year End Awards!
Numbers can be purchased by contacting Laura at (406) 239-3822.

63rd Annual WMQHA Quarter Horse & Paint Show

2025 Entry Form

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Horse Name:

BACK #: