

Owner Information (one owner per form). Multiple horses allowed.

Last Name:		First Name:	
Address:			
City/State/Zip			
Phone No.		Email:	
Amateur Name:		Amateur No.	
Amateur Name:		Amateur No.	
Youth Name:		Youth No:	Youth DOB
Youth Name:		Youth No:	Youth DOB

NORTHWEST MHC - Can-Am Classic
Oregon State Fairgrounds & Expo
2346 17th St NE
Salem, OR 97301
***Entries Close June 10, 2019**

Mail Entries to : **Rinda Pullen**
6512 123rd Ave. NE
Lake Stevens, WA 98258

Registration #	Age:	Sex: G/M/S	Ex#	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
	Handler:									
Name of Horse:	Handler:									
Registration #	Age:	Sex: G/M/S	Ex#	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
	Handler:									
Name of Horse:	Handler:									
Registration #	Age:	Sex: G/M/S	Ex#	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
	Handler:									
Name of Horse:	Handler:									
Registration #	Age:	Sex: G/M/S	Ex#	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
	Handler:									
Name of Horse:	Handler:									

Every entry at this show shall constitute an agreement that the person making it shall: 1) be subject to the rules of the show, 2) that every horse and handler is eligible as entered, 3) that the owner, handler, and any of their agents or representatives agree to hold the Show Management, Show Officials, Show Facility, Employees, Agents, and the Northwest Miniature Horse Club harmless for any injury or loss suffered during or in connection with the show. The Equine Inherent Risk Laws of Washington shall be in effect.

I have read the above and agree to be bound by them and the rules of the show and hereby accept responsibility under these rules for the participation of any minor under my supervision.

Signature: _____

I certify that I am an amateur as recognized by the rules of the AMHA

Signature: _____

Owner Fee ____ X \$10 = \$ _____
AMHA Fee per horse ____ X \$2 = \$ _____
Youth/Special Needs Classes ____ X \$8 = \$ _____
Amateur Classes ____ X \$16 = \$ _____
Open Classes ____ X \$18 = \$ _____
Futurity Classes ____ X 35 = \$ _____
Stall/Tack Room (includes 1 shaving) ____ X \$68 = \$ _____
Stall Extra Day ____ X \$25 = \$ _____
RV Parking per night ____ X \$30 = \$ _____
Show off trailer per horse per day ____ X \$20 = \$ _____
Additional Shavings per bag ____ X \$10 = \$ _____
Late entry fee per class ____ X \$3 = \$ _____
Entry sheets emailed ____ X \$5 = \$ _____
Total \$ _____

Make Checks payable to NWMHC

Please Stall with: _____

Credit Card # _____

Exp / / , **CVV** , **ZIP code**

Office Only

Received \$ _____

Bal Owing \$ _____

Hlth Cert _____

Coggins _____