

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 - Capitol City Combination
Oregon State Fair Expo Center
2330 17th St. NE
Salem, OR 97301
***Entries Close April 11, 2018**

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

Name of Horse:			Registration No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
Handler:										
Age:	Sex: S / M / G	Entry #	Handler:							
Name of Horse:			Registration No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
Handler:										
Age:	Sex: S / M / G	Entry #	Handler:							
Name of Horse:			Registration No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
Handler:										
Age:	Sex: S / M / G	Entry #	Handler:							
Name of Horse:			Registration No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.	Class No.
Handler:										
Age:	Sex: S / M / G	Entry #	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 Oregon 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 = \$ _____
 Stall/Tack Room (first bag shavings included) _____ X \$68 = \$ _____
 Stall Extra Day _____ X \$20 = \$ _____
 RV Parking _____ nights X \$30 = \$ _____
 Show off trailer per horse per day _____ X \$20 = \$ _____
 Additional Shavings per bag _____ X \$8 = \$ _____
 Late entry fee per class _____ X \$3 = \$ _____
 Entry sheets emailed _____ X \$5 = \$ _____
Total \$ _____

Make Checks payable to NWMHC

Please Stall with: _____

Office Only

Received \$ _____

Credit Card # _____

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

Bal Owing \$ _____