

WCMHC FINALE MINIATURE HORSE SHOW
Circle which registry this form is for AMHR OR AMHA
DO NOT COMBINE REGISTRIES

DEADLINE FOR ENTRIES TO BE RECEIVED JULY 7 , 2023

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. wcmhcshow@gmail.com Completed entry forms. DO NOT e-transfer until you receive a confirmation email from Cindy Hunter.

EXHIBITOR INFORMATION REQUIRED:

NAME: _____ PHONE _____

EMAIL _____

I certify that I am an amateur as recognized by the Rule of AMHA. _____

Amateur Number _____ Youth Number _____ Member Number _____

TOTAL OPEN CLASSES _____ X 25.00 = _____

TOTAL YOUTH CLASSES _____ X 10.00 = _____

IF FOR AMHA PLEASE ADD AMHA FEE OF 5.00 PER HORSE _____

STALLING: THURSDAY AUGUST 3 TO SUN AUGUST 6, only fill out once

HORSE STALLS _____ X 80.00 = _____

TACK STALLS _____ X 40.00 = _____ May be limited

CAMPING SPACE _____ X 30.00 = _____

OFFICE USE ONLY

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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), Olds AG Society
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, Olds Ag Society 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 _____

REGISTERED NAME _____ M G S

REGISTRATION NUMBER _____ DOB _____

OWNER _____

HANDLER _____

CLASSES

HANDLER _____

REGISTERED NAME _____ M G S

REGISTRATION NUMBER _____ DOB _____

OWNER _____

HANDLER _____

CLASSES

HANDLER _____

REGISTERED NAME _____ M G S

REGISTRATION NUMBER _____ DOB _____

OWNER _____

HANDLER _____

CLASSES

HANDLER _____

REGISTERED NAME _____ M G S

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OWNER _____

HANDLER _____

CLASSES

HANDLER _____

REGISTERED NAME _____ M G S

REGISTRATION NUMBER _____ DOB _____

OWNER _____

HANDLER _____

HANDLER _____
