

AMHA # _____ ONE OWNER PER FORM, MULTIPLE HORSES PER FORM.

NORTHWEST MINIATURE HORSE CLUB

Western Washington Classic

Clark County Event Center

17402 NE Delfel Rd, Ridgefield, WA 98642

***Entries close May 15, 2024**

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

Mail entries to: NWMHC 4300 SE Hull Ave
Milwaukie, OR 97267

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

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: _____

Make Checks payable to NWMHC Stall with: _____

Credit Card #		
Exp. ____/____	CVV	ZIP code

Office Fee per horse _____ X \$20 = \$ _____
 AMHA Fee per horse _____ X \$2 = \$ _____
 Youth/COOL/VSE Classes _____ X \$14 = \$ _____
 Amateur Classes _____ X \$24 = \$ _____
 Open Classes _____ X \$24 = \$ _____
 Stall/Tack Room _____ X \$90 = \$ _____
 Stall Extra Day _____ X \$30 = \$ _____
RV Parking - cindy.strong@cceventcenter.org
 Show off trailer per horse per day _____ X \$20 = \$ _____
 Additional shavings per bag _____ X \$10 = \$ _____
 Late entry fee per class _____ X \$3 = \$ _____
 Entry Emailed _____ X \$5 = \$ _____
TOTAL = \$ _____

Office Only	Received \$ _____	Bal Owing \$ _____
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