

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

| | | | |
|-----------------|--|-------------|-----------|
| 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 |

NORTHWEST MINIATURE HORSE CLUB

Capital City Classic

Oregon State Fairgrounds

2330 17th St NE Salem, OR 97301

***Entries close April 17, 2024**

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 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: _____

Make Checks payable to NWMHC

| | | |
|----------------|-----|----------|
| 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 = \$ _____
 *ADD'L INFO BELOW -RV Parking - # nights _____ X \$30 = \$ _____
 Show off trailer per horse per day _____ X \$20 = \$ _____
 Shavings per bag _____ X \$10 = \$ _____
 Late entry fee per class _____ X \$3 = \$ _____
 Entry Emailed _____ X \$5 = \$ _____
TOTAL = \$ _____

Office Only Received \$ _____ Bal Owing \$ _____

PLEASE STALL ME WITH: _____ ***RV CAMPING: VEHICLE LICENSE PLATE #:** _____