

OWNER/LESEE INFORMATION (one owner/lessee per entry blank)

Last Name _____ First Name _____
 Address _____
 City/State/Zip _____
 Owner/Lessee Phone No. _____ Agent Phone No. _____
 Membership No. _____ Amateur No. _____ Email _____
 Youth No. _____ Youth Birthdate (M/D/YY) _____ Rookie _____
 Points for Amateur Championship to go to AOTE? _____ YES _____ NO

EMERALD VALLEY CLASSIC

May 27-29, 2017

Oregon Horse Center, Eugene, OR

ENTRIES CLOSE May 10, 2017

Post Entries Accepted

Send Entries to: **Emerald Valley Classic**

Attn: Rinda Pullen

6512 123rd Ave NE

Lake Stevens, WA 98258

NO TELEPHONE ENTRIES

NAME OF HORSE			Registration Number	ENTRY NUMBER	HANDLER'S NAME	CLASSES ENTERED					
Age	Color	Sex									
Age	Color	Sex									
Age	Color	Sex									

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
 Visa, MC, Discover, American Express now accepted
 (fees apply)**

**Office Only:
 Received
 \$ _____
 Balance Owing
 \$ _____**

____ Owner X \$ 10 = \$ _____ Total Owner Fees
 ____ Horses X \$ 3 = \$ _____ Total AMHA Fee
 ____ Classes X \$ 12 = \$ _____ Total Youth/Special Need Entry Fee
 ____ Classes X \$ 24 = \$ _____ Total Amateur Entry Fee
 ____ Classes X \$ 27 = \$ _____ Total Open Entry Fee
 ____ Stalls X \$ 70 = \$ _____ Total Stall Fees (3 nights)
 ____ Tack X \$ 70 = \$ _____ Total Tack Fees (3 nights)
 ____ Extra Stall/Tack X \$ 20 per day = \$ _____ Total extra fees
 ____ RV contact OHC
 ____ Shavings X \$ 8.00 = \$ _____ Total Shaving Fees
 ____ Days X \$ 20 = \$ _____ Haul In per day
 ____ Email entry X \$ 5.00 per entry sheet _____ Total email entries

TOTAL AMOUNT DUE \$ _____

STABLE WITH: _____