

**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 number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

# EMERALD VALLEY AMHR CLASSIC

**May 25-29 2017**

Oregon Horse Center, Eugene, OR

**ENTRIES CLOSE May 10, 2017**

*Post Entries Accepted*

Send Entries to: Emerald Valley AMHR 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  
\$ \_\_\_\_\_**

1 Owner	X	\$ 10 = \$ 10
Youth/COOL Classes	X	\$ 10 = \$ _____
Amateur Classes	X	\$ 18 = \$ _____
Open/Stake Classes	X	\$ 20 = \$ _____
Stalls (3nights)	X	\$ 70 = \$ _____
Tack (3nights)	X	\$ 70 = \$ _____
Extra Stall/Tack(per day)	X	\$ 20 = \$ _____
RV contact OHC 541-689-9700		
Shavings	X	\$ 8 = \$ _____
Haul-In Days (per day)	X	\$ 20 = \$ _____
Email entry (per entry sheet)	X	\$ 5 = \$ _____

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

**STABLE WITH: \_\_\_\_\_**