

OWNER				RIDER				TRAINER			
Owner Name		Rider Name		Trainer Name		Address		Address		Address	
Address		Address		Address		City		City		City	
City		City		City		State		State		State	
State		State		State		ZIP		ZIP		ZIP	
ZIP		ZIP		ZIP		E-Mail		E-Mail		E-Mail	
E-Mail		E-Mail		E-Mail		E-Mail		E-Mail		E-Mail	
Phone		Phone		Phone		Barn Phone		Barn Phone		Barn Phone	
Phone		Phone		Phone		USEF/USHJA#		USEF/USHJA#		USEF/USHJA#	
USEF/USHJA#		USEF/USHJA#		USEF/USHJA#		EC		EC		EC	
EC		EC		EC		Date of Birth		Date of Birth		Date of Birth	

**PRIZE MONEY PAID TO OTHER THAN OWNER**

Prize money paid to other than owner

VISA/MC #

EXP. DATE

SIGNATURE

PRINT NAME

ZIP

NAME OF HORSE	AGE		COLOR		SEX		HEIGHT		RIDER		DIVISIONS / CLASSES	
U.S.H.J.A. #	Measurement #											
	<p>Please put a checkmark and submit separate forms for each show</p> <p> <input type="checkbox"/> Spring Outreach            Due March 24  <input type="checkbox"/> May Outreach            Due May 3  <input type="checkbox"/> October Outreach            Due September 29         </p> <p><b>Exhibitors may enter online by going to <a href="http://www.showgroundslive.com">www.showgroundslive.com</a></b></p>											
	Outreach Only / Weekend Stall (Friday - Sunday), \$180 Camper/Trailer parking Hook-ups @ \$60/day Camper/Trailer parking (No Hook-ups) @ \$35/day Outreach Only Haul-In Fee, \$50/day per horse Mandatory Outreach Only Schooling Fee, \$30 per horse Outreach Only / Weekend SM Disposal Fee, \$80 Per Horse											
											TOTAL AMOUNT OWED:	

OWNER/AGENT			RIDER/HANDLER			TRAINER		
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:
Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):	Is Rider/Handler a U.S. Citizen (please circle):
YES	NO	YES	NO	YES	NO	YES	NO	YES
Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:	Print Name:

Stable With: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_  
 Payment # \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

CHECKS PAYABLE TO: WSHJA (US Funds)  
 MAIL TO: Mollie Galloway, Show Secretary  
 Eugene, OR 97405  
 85687 Pine Grove Rd