

OWNER		RIDER		TRAINER	
Owner Name	Rider Name	Trainer Name			
Address	Address	Address			
City	City	State	ZIP	State	ZIP
Social Security # or TIN #	Phone	E-mail		E-mail	
Phone	USEF/USHJA#	WSHJA#	Date of Birth	Barn Phone	Cell Phone
USEF/USHJA#	EC#	Age as of 12/1/2023	ASPCA#	USEF/USHJA#	WSHJA#
					EC#

PRIZE MONEY PAID TO IF OTHER THAN OWNER		CREDIT CARD PAYMENT	
Name	Rider Name	VISA/MC/AMEX #	
Address	Address	Exp. Date	CVV
City	USEF/USHJA#	Signature	State
Social Security # or TIN #	EC#	Print Name	ZIP

NAME OF HORSE		AGE	COLOR	SEX	HEIGHT	RIDER		DIVISIONS/CLASSES	
		Please Circle below if applicable							
		Sm	Md	Lg					

Please put a checkmark and submit separate forms for each show
 Spring National Inaugural
 Spring National Hunter
 Due March 13
 Exhibitors may enter online by going to www.showgroundslive.com

EXHIBITORS WISHING TO BE STABLED WITH A SPECIFIC STABLE MUST HAVE THEIR ENTRIES IN BY March 28, 2024.

PLEASE COMPLETE AND SIGN USEF ENTRY AGREEMENT AND LIABILITY WAIVER FOUND ON FOLLOWING PAGES. FORMS MAY ALSO BE FILLED IN AND SIGNED ON THE WSHJA WEBSITE.

TOTAL ENTRY FEES FROM ABOVE:	
_____ Stalls for entire show @ \$300	
_____ Stalls for weekend @ \$200	
Camper/Trailer parking, Power/Water @ \$240/week, \$60/day	
Camper/Trailer parking Power/Water/Septic @ \$300/week	
Haul-In Fee, \$50/day per horse	
Mandatory Schooling Fee, \$40 per horse	
Shavings & Manure Disposal Fee, \$115 per horse (\$85 for wknd stall)	
USEF Fee, \$23 per horse (Drugs and Meds \$15, USEF Fee \$8)	
USHJA Show Pass Fee, \$30	
USHJA Support Fee, \$7	
Credit Card Convenience Fee 4%	
TOTAL AMOUNT OWED:	

OWNER/AGENT		RIDER/HANDLER		TRAINER	
SIGNATURE:	SIGNATURE:	SIGNATURE:			
Is Rider/handler a U.S. Citizen (please circle): YES	Is Rider/handler a U.S. Citizen (please circle): YES	Is Rider/handler a U.S. Citizen (please circle): YES			
Print Name:	Print Name:	Print Name:			
Parent/Guardian Sig.:	Print Name:	Print Name:			

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

Stable With: _____
 Arrival Date: _____
 Emergency Contact Phone Number: _____

Total Enclosed _____