

OWNER		RIDER		TRAINER	
Owner Name	Rider Name	Trainer Name			
Address	Address	Address			
City	City	City	State	State	ZIP
Social Security # or TIN #	Phone	Phone	E-mail	E-mail	ZIP
Phone	E-mail	Barn Phone	Cell Phone		
USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	USEF/USHJA#	WSHJA#	EC#
EC#	EC#	ASPCA#	ASPCA#		
Prize money paid to if other than owner					

RIDER		RIDER		CREDIT CARD PAYMENT	
Rider Name	Rider Name	VISA/MC/AMEX #			
Address	Address	Exp. Date			
City	City	Signature	State	State	ZIP
Social Security # or TIN #	EC#	Print Name			

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

Please put a checkmark and submit separate forms for each show

Spring National Inaugural
 Spring National Hunter
 Due March 15
 WSHJA Pacific Northwest
 Due April 26

Exhibitors may enter online by going to www.showgroundslive.com

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	
Camper/Trailer parking, Power/Water @ \$240/week, \$60/day	
Camper/Trailer parking Power/Water/Septic @ \$300/week	
Camper/Trailer parking (No Hook-ups) @ \$150/week, \$35/day	
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)	
USEF Show Pass Fee, \$45	
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:			
Print Name:	Print Name:	Print Name:			
Parent/Guardian Sig:	Parent/Guardian Sig:	Parent Name:			
Print Name:	Print Name:	Print Name:			

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

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

Total Enclosed _____ Payment # _____