

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

OWNER/AGENT		RIDER/HANDLER		TRAINER	
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	TOTAL AMOUNT OWED:	
Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	U.S. Outreach Support Fee, \$3	
Print Name:	Print Name:	Print Name:	Print Name:	Credit Card Convenience fee 4%	
Parent/Guardian Sig:	Parent/Guardian Sig:	Parent/Guardian Sig:	Parent/Guardian Sig:	TOTAL AMOUNT OWED:	
(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)		
Print Name:	Print Name:	Print Name:	Print Name:		

NAME OF HORSE				AGE				COLOR				SEX				HEIGHT				RIDER				DIVISIONS / CLASSES							
Prize money paid to if other than owner																															
RIDER								RIDER								RIDER								RIDER							
Rider Name								Rider Name								Rider Name								Rider Name							
Address								Address								Address								Address							
City								City								City								City							
State								State								State								State							
ZIP								ZIP								ZIP								ZIP							
Social Security # or TIN #								Social Security # or TIN #								Social Security # or TIN #								Social Security # or TIN #							
EC								EC								EC								EC							
U.S. Outreach Support Fee, \$3								U.S. Outreach Support Fee, \$3								U.S. Outreach Support Fee, \$3								U.S. Outreach Support Fee, \$3							
Credit Card Convenience fee 4%								Credit Card Convenience fee 4%								Credit Card Convenience fee 4%								Credit Card Convenience fee 4%							
TOTAL AMOUNT OWED:								TOTAL AMOUNT OWED:								TOTAL AMOUNT OWED:								TOTAL AMOUNT OWED:							

Please put a checkmark and submit separate forms for each show

Spring Outreach
 Due March 22
 August Outreach
 Due July 19
 October Outreach
 Due September 27

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

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SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	TOTAL AMOUNT OWED:	
Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	Is Rider/Handler a U.S. Citizen (please circle): YES NO	U.S. Outreach Support Fee, \$3	
Print Name:	Print Name:	Print Name:	Print Name:	Credit Card Convenience fee 4%	
Parent/Guardian Sig:	Parent/Guardian Sig:	Parent/Guardian Sig:	Parent/Guardian Sig:	TOTAL AMOUNT OWED:	
(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)	(Required if Rider/Handler is a minor)		
Print Name:	Print Name:	Print Name:	Print Name:		

CHECKS PAYABLE TO: WSHJA (US Funds)

MAIL TO: Mollie Galloway, Show Secretary
85687 Pine Grove Rd Eugene, OR 97405

Payment # _____ Total Enclosed \$ _____

Stable With: _____

Arrival Date: _____

Emergency Contact Phone Number: _____