											#	ŧ		
OWNER Owner Name				RIDER I Rider Name					TRAINER Trainer Name					
Address			Address					Address						
City State ZIP			City State ZIP					City State ZIP						
Social Security # or TIN #			Phone E-Mail					Phone E-Mail						
Phone E-Mail			USEF/US	HJA#	WSHJA	Date of Birth		Barn Phone						
USEF/USHJA#	WSHJA	EC	EC		Age as of 12/1/2024			USEF/USHJA#		WSHJA		EC		
Prize mor	ney paid to (if other than owner)			RIDER II					CREDIT C	ARD PAYME	NT			
Name			Rider Name					VISA/MC#						
Address			Address					Exp. Date CCV State ZIP						
City	State ZIP		USEF/USHJA#		WSHJA#	Date of Birth		Signature						
cial Security # or TIN #		EC		Age as of 12/1/2024			Print Name							
	NAME OF HORSE		AGE	COLOR	SEX HEIGHT		RI	DER	DIVI	SIONS / CLA	SSES	ı	1	
USEF#	Measurement #													
TOTAL ENTRY FEES FROM ABOVE:										,				
Stalls for entire show @ \$360														
EVERGREEN CLASSIC HORSE SHOW							Weekend Stall (Fri-Sun)@ \$275 Hunter/Eq/Jumper Nominating Fee, \$50 per horse							
July 31-Aug 3, 2025				<u> </u>				Non-showing horse fee \$125						
J - · · - · · · · · · · · · · · · · · ·						Ca				nper/Trailer parking @ \$350/week(water/power)				
Entries Close July 17, 2025								Camper/Trailer parking @ \$450 (water/power/septic)						
Dry Camping @\$125/week Mandatory Schooling Fee, \$40 per horse														
Shavings & Manure Disposal Fee, \$60 per hors										_				
Exhibitors may enter online by going to www.showgroundslive.com								Office Fee, \$50 otography fee, \$60 per horse, \$25 per horse Outreach and haul-in						
Exhibitors may ent	er online by going t	o www.snowgro	ounasir	ve.com			Thoto	graphly ice, 400 per nor	13c, #23 pc1	norse outre	acii aiiu iiaui	-111		
PLEASE COMPLETE AND SIGN USEF ENTRY AGREEMENT AND WAIVER FOUND IN BACK							Credit Card Convenience Fee, 4%					%		
OF PRIZE LIST OR COMPLETE FORMS ON WSHJA WEBSITE							USEF Fee, \$23 per horse (Drugs & Meds \$8. USEF \$15)					5)		
								USHJA Non-Member Fee, \$30						
L L								USHJA Support Fee, Rated \$10, Outreach \$5 TOTAL AMOUNT OWED:						
	WNER/AGENT			RIDER/H	ANDLER		TRAI	NER	TO	IAL AMO	UNT OWE	D:		
SIGNATURE:		SIGN	IATURE:	RIBERTIA		SIGN	NATURE:							
Print Name:			ler/Handler a Name:	U.S. Citizen (please circle	e): YES		Name:							
8	Parent/Guardian Sig.: SIGNATURE: SIGNATURE:													
(Required if Rider/Handler is a minor) Is Rider/Handler a U.S. Citizen (please circle): Print Name: Print Name: Print Name: Print Name: Print Name: Print Name: Print Name:														
CHECKS DAVARIE TO: W	CHIA (HC Eundo)	111111												

MAIL TO:

MOLLIE GALLAWAY, SHOW SECRETARY (541) 914-0052 85687 Pine Grove Rd Eugene, OR 97405

Payment #______Total Enclosed \$_____

Stable With:

Arrival Date:_____

Emergency Contact Phone Number: