**MINNESOTA HALF ARABIAN HORSE ASSOCIATION**

**Barn Stalled With:**

**Office only**

**Exhibitor Number:**

**ALL BREED WSCA/SCHOOLING SHOW**

|  |  |
| --- | --- |
| **Exhibitor Name:** | **Horse Name:** |
| **Exhibitor Address:** | **Breed Please check appropriate breed** **Purebred Arabian: \_\_\_\_\_\_\_\_\_\_** **Half Arab/Anglo Arab: \_\_\_\_\_\_\_\_\_\_** **Other: \_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City State Zip** |
| **Exhibitor Phone:** |
| **Exhibitor Email:** |  | **Coggins Accession Number:** |
| **Exhibitor Age Category: \_\_\_\_\_\_\_ 13 & Under** **\_\_\_\_\_\_\_ 14-17** **\_\_\_\_\_\_\_ 18-34** **\_\_\_\_\_\_\_ 35 & over** | **Owner Name:** |
| **Owner Address:** |
| **City State Zip** |

**Class Number Entered:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

 **Fees: Make checks payable to MHAHA Check # \_\_\_\_\_\_\_\_\_\_**

**Exhibitor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature of minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned does hereby acknowledge this disclaimer of MHAHA and the management, disclaiming right of responsibility or control over persons and animals and all person upon the premises and the control and actions of the same and any rights against MHAHA and the management and does here by hold them harmless for all activities on the premises. The undersigned does here by accept personal liability and responsibility for self, family, companions, employees and their actions**. By signing below I agree to adhere to all Covid 19 regulations in place at the time of the show. Please mail or email this entry form, a copy of the horses Coggins, and a check to Tami Bagley, 2015 171st Ave. NE, Ham Lake, MN 55304 or** **tabagley@msn.com** **763-370-4050 Make checks payable to MHAHA. Please fill out entire entry form!**

|  |  |
| --- | --- |
| **# of Classes \_\_\_\_\_\_\_\_ X $5.00 / class** |  |
| **Office Fee $5.00 / horse** |  |
| **#Stalls one night \_\_\_\_\_\_\_at $40 each** |  |
| **#Nights\_\_\_\_\_ Electric Hookup at $30 /night** |  |
| **Class Sponsorships\_\_\_\_\_ X $10.00 / class OR 3/$25****List classes sponsoring:** |  |
| **Total Fees Refunds only if canceled 2 days before show date or if show is forced to cancel. Uncashed check will be returned.** |  |