

File Letter: \_\_\_\_\_

Summer Series SHOW ENTRY ONLY

Exhibitor No. \_\_\_\_\_

Trainer or Group with: \_\_\_\_\_

Or association specific exhibitor permanent number

Name of Exhibitor \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ WTEA No. \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Registration No: \_\_\_\_\_ papers on file: y n breed membership on file: y n

Competing for AQHA points: y n

Classes @ total

HIGH POINT PICK ONE ENGLISH AND/OR ONE WESTERN		
English:	Western:	Walk Trot:
13 & under	13 & under	English 10 & under
14-17	14-17	English 11 & over
18& over	18 & over	Western 10 & under
Novice	Novice	Western 11 & over

Stall or Haul In Fees \_\_\_\_\_

Tack Stall \$ 35.00 \_\_\_\_\_

Bales of Shavings @ \$12.00 \_\_\_\_\_

Non WTEA Fee \$ 10.00

Insurance \$ 4.00

Camping # nights @ \_\_\_\_\_

Fees paid on Line \_\_\_\_\_

Total Due \_\_\_\_\_

Class #				

PRE ENTRY MUST BE RECEIVED 10 days prior to first day of the show

Enter on line @ [www.windytides.com](http://www.windytides.com)

PRE Entry members of WTEA \$ 12.00 per class

NON members \$ 17.00 per class

Post Entry Everyone \$ 20.00 per class

Mail completed entry to: WTEA PO Box 1361  
Woodinville, WA 98072

Pre-entry must be paid by credit card, cash or check (see below)

STALLS: weekend \$ 72.00

Day stall (24 hours max) \$ 47.00

TACK ROOM: \$35.00 (per weekend)

HAUL IN/HORSE \$30.00

Bales of shavings \$ 12.00 each

Camping NO hook up \$ 20.00 per night

Camping with hook up \$ 26.00 per night

I AGREE in consideration for my participation in this Competition to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable and all terms and provisions of this entry blank.

SIGNATURE OF RIDER \_\_\_\_\_

SIGNATURE HORSE OWNER: \_\_\_\_\_

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) Print Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Is Rider/Driver/Vaulter a U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Open Check \_\_\_\_\_ amount paid on line: \_\_\_\_\_ pay by credit card: mc or visa exp date: \_\_\_\_\_ ver. # \_\_\_\_\_

Paid by: \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check Number \_\_\_\_\_ credit card # \_\_\_\_\_ billing zip \_\_\_\_\_