

File Letter: _____

SCHOOLING SHOW ENTRY ONLY

Exhibitor No. _____
Or WSH Permanent No. _____

Trainer or Group with: _____

Name of Exhibitor _____ Age _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Telephone: _____ E-mail: _____ WTEA No. _____

Name of Horse: _____ Age: _____ Breed: _____ Sex: _____

Color: _____ Registration No: _____

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
		Western 11 & over

Class #				

_____ Classes @ _____ total _____

Stall or Haul In Fees _____

Tack Stall \$ 25.00 _____

Bales of Shavings @ \$12.00 _____

Non WTEA Fee \$ 10.00

Insurance \$ 4.00

Camping # nights @ _____

Fees paid on Line _____

Total Due _____

PRE ENTRY MUST BE RECEIVED

10 days prior to first day of the show

PRE Entry members of WTEA \$ 11.00 per class

NON members \$ 12.00 per class

Post Entry Everyone \$ 14.00 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: \$25.00 (per weekend)

HAUL IN/HORSE \$30.00

Bales of shaving \$ 12.00 each

Camping without 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: _____

Paid by: _____ Cash _____ Credit Card _____ Check Number _____ credit card # _____