WSSH Spring Classic Clinic & Show
MAY 3-5, 2024 Oregon Horse Center - Eugene, OR

Sea Mountain INSURANCE

Exhibitor Name _____ **Email** _____ **Phone** _____

Equine Reg Name _____ **Rider Birthdate** _____

Please Circle Division & Classes	Clinic AM	Clinic PM	Open Jckpot $20	Non Pro	LTD Open Jckpot $10	LTD NP	Green Horse Open	Green Horse NP	NOV	Novice Rookie	Yth 14-18	Yth 8-13	Short Strrp
Pleasure	$50	$25	$45	$25	$35	$25	$25	$25	$25	$25	$20	$20	$20
Trail	/	/	$45	$25	$35	$25	$25	$25	$25	$25	$20	$20	$20
Reining	/	/	$45	$25	$35	$25	$25	$25	$25	$25	$20	$20	$20
Cow Horse	/	/	$45	$25	$35	$25	$25	$25	$25	$25	$20	$20	/
Cattle Fee	$75	$75	$75	$75	$75	$75	$75	$75	$75	$75	$75	$75	/
TOTAL													

Total Entry Above $ _____

ASHA Clinic Fee Per Equine/Rider ___1___ x **$5** = $ _____

ASHA Show Fee Per Equine/Rider ___1___ x **$5** = $ _____

WSSH Membership # _____ $ _____

ASHA Membership # _____ $ _____

ASHA Comp License # _____ $ _____

Stall(s) Friday-Sunday Stalled With? _____ _____ x **$100** = $ _____

Stall(s) Extra Night Day of Arrival? _____ _____ x **$30** = $ _____

Shaving(s) **No Outside Shavings** _____ x **$10** = $ _____

Check #	Amount $	Cash $	TOTAL:

Send ENTRIES & CHECK: Scan/Photo to westernstatesstockhorse@live.com
Send to WSSH, 20955 North Coburg Rd, Harrisburg, OR 97446
Reserve STALL: (503) 798-1076 or westernstatesstockhorse@live.com
RV HOOK UP Oregon Horse Center https://www.oregonhorsecenter.com

By signing this application, I agree to abide by all of the WSSH Association By-laws, Rules and Regulations and I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, others, horses and property. I knowingly assume all risks. I agree that I will not hold WSSH, ASHA, Facility, Directors, Officers, Employees, Volunteer, Clinicians, or Participants liable for any injury or property damage rising out of or caused by the Clinic or Show. Parent or Guardian signature is required for all Youth memberships. Returned checks - $35.00 charge.

Exhibitor Signature: _____ **Parent/Guardian Signature:** _____