



# Region 6 Clinic & Showdown

## OCTOBER 4-6, 2024

Oregon Horse Center - Eugene, OR



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	/
<b>TOTAL</b>													

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:
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Send ENTRIES & CHECK: Scan/Photo to [westernstatesstockhorse@live.com](mailto:westernstatesstockhorse@live.com)  
 Send to WSSH, 20955 North Coburg Rd, Harrisburg, OR 97446  
 Reserve STALL: (503) 798-1076 or [westernstatesstockhorse@live.com](mailto: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: \_\_\_\_\_