



Spring Classic Clinic & Show

APRIL 30-3, 2026

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	AM	LTD Open Jckpot \$10	LTD AM	Green Horse Open \$10	Green Horse AM	NOV	NOV Rookie	YTH	LTD YTH	NOV YTH	Short Strrp
Pleasure	\$50	\$25	\$45	\$25	\$35	\$25	\$25	\$25	\$25	\$25	\$20	\$20	\$20	\$20
Trail	/	/	\$45	\$25	\$35	\$25	\$25	\$25	\$25	\$25	\$20	\$20	\$20	\$20
Reining	/	/	\$45	\$25	\$35	\$25	\$25	\$25	\$25	\$25	\$20	\$20	\$20	\$20
Cow Horse	/	/	\$45	\$25	\$35	\$25	\$25	\$25	\$25	\$25	\$20	\$20	\$20	/
Cattle Fee	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	/
TOTAL														

ASHA Seminar April 30, 2026 - Start 12pm _____ x \$25 = \$ _____

Collegiate (Circle One) AMATEUR LTD AM NOVICE _____ \$205 = \$ _____

Walk-Trot (Circle) AMATEUR NOVICE YTH 14-18 YTH 8-13 _____ \$__ = \$ _____

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

WSSH Membership # _____ \$ _____

ASHA Membership # _____ # _____ \$ _____

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

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

Shaving(s) No Outside Shavings - \$35 Charge _____ x \$10 = \$ _____

Check #	Amount \$	Cash \$	TOTAL:
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Send ENTRIES & CHECK: Scan/Photo to westernstatesstockhorse@live.com
 Send to WSSH - 20955 North Coburg Rd, Harrisburg, OR 97446

Reserve STALL: WSSH - This Form OR the online entry.

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: _____