



# Summer Kick-Off Clinic & Show

## JUNE 5-7, 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	/
<b>TOTAL</b>														

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:

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: 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: \_\_\_\_\_