



Goldmine State 48 All Breed/Ranch Entry Form

Date: April 11-13

Location: Horse Shoe Park, Queen Creek, AZ

Name of Exhibitor: _____ WRHA # _____

Youth/Amateur exhibitor birth date: _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Name of Horse: _____ Age: _____ Breed: _____

Horse Owner Name: _____ Owner's WRHA # _____

Phone: _____ Age Of Horse: _____

Please Circle One: Youth Amateur Open

Class Numbers Entered:

| YOUTH | # | # | # | # | # | # |
|-------|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total # of Youth Classes _____

| AMATEUR | # | # | # | # | # | # |
|---------|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total # of Amateur Classes _____

| OPEN | # | # | # | # | # | # |
|------|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total # of Open Classes _____

Entry Fees: \$ _____

Stall Fees: \$ _____

Ranch Fees: \$ _____

Obstacle Fees: \$ _____

Office Fee: \$ _____

RV Fees: \$ _____

Check # _____ Check Amt. _____

Credit Card # _____

Exp. ____/____ CCV # _____ Zip Code _____

Name On Card _____

Signature _____ Date _____

By the act of entering this show, owners, lessees, and exhibitors agree the sponsoring party and show management, show grounds, all staff and employees will not be held responsible for any loss, injury or debt in connection with this show _____

Signature of Parent, Guardian, Exhibitor and/or Owner