

**Entry Closing:
August 31, 2018**

Entries mailed after 8/31/18
\$10 late fee/horse

OFFICIAL ENTRY FORM

WW Celebration I - AQHA - RANCH - OPEN Conf -
NRCHA - NCRCHA - APHA SE (Working Wow, Roping,
Cutting, Ranch Riding, Reining)
New Holland Pavilion II, Alliant Energy Center
September 7-9, 2018

Mail Entry & Fees to:
Show Secretary: Deb Matko
14221 Furman St NE
Forest Lake, MN 55025

PLEASE TYPE OR CLEARLY PRINT, ONLY ONE HORSE PER ENTRY FORM. All entries must be complete and contain the correct fees. Enclose copies of horse registration papers with the current owner, membership cards for each rider.

(Office Use) Back #	Name of horse	Registration #	Breed Assoc	Birth Year	Sex
	Sire	Dam			
Responsible Party (Individual responsible for payment and receives any payouts)				Stall With:	

Rider	Breed Assoc Type/#'s	Class #	Class #	Class #	Class #	Class #	Entry Fees \$
If Minor, indicate Birthdate here:							
Rider	Breed Assoc Type/#'s	Class #	Class #	Class #	Class #	Class #	Entry Fees \$
If Minor, indicate Birthdate here:							
Rider	Breed Assoc Type/#'s	Class #	Class #	Class #	Class #	Class #	Entry Fees \$
If Minor, indicate Birthdate here:							
Rider	Breed Assoc Type/#'s	Class #	Class #	Class #	Class #	Class #	Entry Fees \$
If Minor, indicate Birthdate here:							

FOR MORE THAN FOUR RIDERS WITH THE SAME HORSE, USE ADDITIONAL ENTRY FORM, LEAVING HORSE DATA BLANK, OWNERS ENTERING MORE THAN ONE HORSE, PLEASE USE ADDITIONAL ENTRY FORMS. Each person signing this form acknowledges that he/she has read the complete official entry form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

OWNER (Exactly as it appears on horse registration papers or contract)

Name _____

City/State/Zip _____

Phone _____ Email _____

Breed Association #'s _____

**** NRCHA entries must use current owner on the horse registration papers - transfer papers are not valid for showing.**

Entry Fees see fees section below*	\$
Cattle/Office Fees	\$
Breed/Association Fees*	\$
Total Entry/Cattle/Association Fees	\$
Additional Fees	
Day Stall \$65	\$
Full Show Stall \$135 (Thurs-Sun)	\$
Shavings \$8/bag (2 minimum)	\$
Association Memberships	\$
Penalties	\$
Post Entry Penalty per horse \$10	\$
Total Fees	\$

I agree that such entries are made at my own risk and subject to the rules of this show and the specific Breed Association in which I am entering & I agree to assume & accept full risk of injury or damage to myself or property which may be sustained at the show. I further wave any cause of action that I might or could have by reason of said damages to myself, my family or property as against the grounds owner, Alliant Energy Center in Madison, any officers, directors or members of WW Celebration, LLC. I further agree that the Working Western Celebration show mommittee has the right to interpret all questions or conditions in dispute. No entry fees will be returned unless an offical certificate of illness or injury by a physician or veterinarian is presented. this will serve as my consent and/or consent for children of minor age to enter this show. I verify that the information on this form is correct and complete. I have red & understand the show rules & have completed all necessary designation forms required for this entry.

Owner	_____	_____
	Print Name	Signature (If Minor, Parent/Guardian must sign)
Rider	_____	_____
	Print Name	Signature (If Minor, Parent/Guardian must sign)
Rider	_____	_____
	Print Name	Signature (If Minor, Parent/Guardian must sign)
Rider	_____	_____
	Print Name	Signature (If Minor, Parent/Guardian must sign)
Rider	_____	_____
	Print Name	Signature (If Minor, Parent/Guardian must sign)

*
**Please see the
Premium book for
information on specific
class entry fees and your
Breed Association Fees.**

All Credit Card Info must be Complete:

Credit Card Info: Visa/MC/Amex: _____ Code: _____ Expiration Date: _____

CC Signature: _____ Name on Card: _____ Address/Zip: _____

OFFICE USE ONLY: Paid \$ _____ Check # _____ Date Received: _____