

Office only

Exhibitor Number:

MINNESOTA HALF ARABIAN HORSE ASSOCIATION
ALL BREED WSCA/SCHOOLING SHOW

Barn Stalled With:

Exhibitor Name:			Horse Name:		
Exhibitor Address:			Breed Please check appropriate breed		
City _____ State _____ Zip _____			Purebred Arabian: _____		
Exhibitor Phone:			Half Arab/Anglo Arab: _____		
Exhibitor Email:			Other: _____ Breed: _____		
Exhibitor Age Category:			Coggins Accession Number:		
_____ 13 & Under			Owner Name:		
_____ 14-17			Owner Address:		
_____ 18-34			City _____ State _____ Zip _____		
_____ 35 & over					

Class Number Entered:

The undersigned does hereby acknowledge this disclaimer of MHAHA and the management, disclaiming right of responsibility or control over persons and animals and all person upon the premises and the control and actions of the same and any rights against MHAHA and the management and does here by hold them harmless for all activities on the premises. The undersigned does here by accept personal liability and responsibility for self, family, companions, employees and their actions. **Please include a copy of the horses Coggins. Make checks payable to MHAHA. Please fill out entire entry form!**

Exhibitor Signature: _____

Owner Signature: _____

Parent's Signature of minor: _____

Fees: Make checks payable to MHAHA Check # _____

# of Classes _____ X \$5.00 / class	
# of Jackpot classes _____ X \$10/ class	
Office Fee \$10.00 / horse	
#Stalls one night _____ at \$40	
#Nights _____ Electric Hookup at \$35 /night	
Class Sponsorships _____ X \$5 List classes sponsoring:	
Total Fees	