

Office only

Exhibitor Number:

# MINNESOTA HALF ARABIAN HORSE ASSOCIATION ALL BREED WSCA/SCHOOLING SHOW

Barn Stalled With:

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

**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. **By signing below I agree to adhere to all Covid 19 regulations in place at the time of the show. 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 # \_\_\_\_\_

<b># of Classes</b> _____ <b>X \$5.00 / class</b>	
<b>Office Fee \$5.00 / horse</b>	
<b>#Stalls one night</b> _____ <b>at \$40 or \$55 weekend</b>	
<b>#Nights</b> _____ <b>Electric Hookup at \$30 /night</b>	
<b>Class Sponsorships</b> _____ <b>X \$5</b> List classes sponsoring:	
<b>Total Fees</b>	