EXHIBITOR INFORMATION

LAST NAME_____**FIRST NAME**_____

ADDRESS_____

CITY/PROV/PC_____

PHONE_____**EMAIL**_____

HORSE LEASED? YES_____**NO**_____**AMHA VERIFICATION**_____
LEASOR'S NAME_____**PHONE**_____

BCMHC 42th ANNUAL SPRING AMHA SHOW

Chilliwack Heritage Park, Chilliwack, BC

June 10 th., 2023
ENTRIES CLOSE **May 25**, 2023**

Send entries to BCMHC c/o Tina Harrison
2125 – 224 Street, Langley, BC V2Z 2Z2
Info at 604-533-1168, no phone entries
** Entries after this date could be subject to late fees **

DESCRIPTION OF HORSE	ENTRY # | HANDLER'S NAME | CLASSES ENTERED
Name:_____ Age: Reg#_ Sex: S G M	_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| | | | | | | | | | |
Name:_____ Age:_____Reg#_____Sex: S G M	_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Name:_____ Age:_____Reg#_____Sex: S G M	_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Name:_____ Age:_____Reg#_____Sex: S G M	_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Name:_____ Age:_____Reg#_____Sex: S G M	_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| | | | | | | | | | |

AMATEUR & YOUTH NAMES & CARD NUMBERS PLUS YOUTH BIRTH DATE

_____

_____

_____

I certify that I am an amateur as recognized by the rules of the **AMHA**
Signed:_____

Youth & Novice Classes _____x $15.00 = _____
Open & Amateur Classes _____ x $25.00 = _____
_____

AMHA Fee per Horse _____ x $6.00 = _____
Stalls per Stalling Form _____
RV fees
Other fees
TOTAL DUE Canadian Funds to BCMHC

Entry at this show shall constitute an agreement that the person making it shall; be subject to the rules of the show; be eligible as entered, both horse and handler; and agree to hold the Show Management, Show Officials, Show Facility, Employees and the BC Miniature Horse Club blameless for any injury or loss suffered during or in connection with the Show. I have read the above rules and agree to be bound by them and the rules of the Show and hereby accept responsibility under the rules for the participation of any minor under mysupervision.
Signed:_____Date:_____

Office use only:
Payment_____; Registration_____; AMHA Membership_____; Amateur Card_____;
Signature_____; Height Check_____; Sponsor Form_____; Senior Stallion Certificate__

ENTRY FORM AMHA SHOW