

EXHIBITOR INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY/PROV/PC _____

PHONE _____ EMAIL _____

HORSE LEASED? YES ___ NO ___ AMHR VERIFICATION _____

LEASOR'S NAME _____ PHONE _____

BCMHC 10th ANNUAL SPRING AMHR SHOW

Chilliwack Heritage Park, Chilliwack, BC

JUNE 9, 2024

ENTRIES CLOSE **May 27, 2024****

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

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Name: _____

Age: _____ Reg# _____ Sex: S G M

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Name: _____

Age: _____ Reg# _____ Sex: S G M

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Name: _____

Age: _____ Reg# _____ Sex: S G M

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Name: _____

Age: _____ Reg# _____ Sex: S G M

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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AMATEUR & YOUTH NAMES & CARD NUMBERS PLUS YOUTH BIRTH DATE

I certify that I am an amateur as recognized by the rules of the **AMHR**

Signed: _____

Youth & Novice Classes _____ x \$15.00 = _____
 Open & Amateur Classes _____ x \$ 25.00 = _____
 Stakes Classes _____ x \$35.00 = _____

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 my supervision.

Signed: _____ Date: _____

Office use only:
 Payment _____; Registration _____; AMHR Membership _____; Amateur Card _____;
 Signature _____; Height Check _____; Sponsor Form _____; Senior Stallion Certif _____.

AMHR ENTRY FORM