

# 2025 WCHA Supreme Championship AQHA & APHA Entry Form

Circle One:                    Mare            Gelding            Stallion	BACK # _____
Horse's Name: _____	
Date Foaled: _____ AQHA Registration #: _____ APHA Registration #: _____	
Owner/Lessee: _____	AQHA #: _____ Exp ___/___/_____
Address: _____	APHA #: _____ Exp ___/___/_____
City: _____ State: _____ Zip: _____	
Email: _____	
<b>YOUTH Information - <u>EXACTLY</u> as it is listed on your card (Exhibitor #1)</b>	
Exhibitor's Name _____ Birthday: ___/___/_____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/___/_____	
APHA # _____ Exp. Date: ___/___/_____ Add'l Exp Date: ___/___/_____	
Phone _____ Email _____	
Relationship to owner: _____	
<b>AMATEUR/MASTERS Information - <u>EXACTLY</u> as it is listed on your card (Exhibitor #2)</b>	
Exhibitor's Name _____ Birthday: ___/___/_____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/___/_____	
APHA # _____ Exp. Date: ___/___/_____ Add'l Exp Date: ___/___/_____	
Phone _____ Email _____	
Relationship to owner: _____	
<b>OPEN Exhibitor # 1 Information - <u>EXACTLY</u> as it is listed on your card (Exhibitor #3)</b>	
Exhibitor's Name _____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/___/_____	
APHA # _____ Exp. Date: ___/___/_____	
Phone _____ Email _____	

The presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure to sign an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance current WCHA, AQHA, & APHA Rule Books rules. I certify that all information submitted is correct, that I have read the rules for the WCHA Supreme Championship Show and that all horses and exhibitors are eligible for all classes and divisions entered. Horses are entered at your own risk and are subject to WCHA, AQHA, & APHA rules, under which this show will be conducted. In case of death, accident, injury or theft to the exhibitor, family, horses or property, no claims will be honored against the WCHA, AQHA, or APHA and/or all those associated.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

CELL PHONE of participant **AT THE SHOW**: \_\_\_\_\_

