2025 WCHA Supreme Championship AQHA & APHA Entry Form

Circle One:	Mare	Gelding	Stallion			DACK #		
Horse's Name:						BACK #		
Date Foaled:	_ AQHA	A Registration #:		APHA	Registratio	on #:		
Owner/Lessee:					AQHA#	: Exp/		
Address:					APHA #:	Exp/		
City:		State:	Zip:	_				
Email:								
YOUTH Information -]	EXACTL	\underline{Y} as it is listed or	n your card (Exhib	oitor #1)				
Exhibitor's Name						Birthday:/		
Address:	ddress: City/State/Zip:							
AQHA #	Exp	Date:/	/					
APHA #	Exp. Date:/ Add'l Exp Date:/							
Phone			Email _					
Relationship to owner:								
AMATEUR/MASTERS Information – <u>EXACTLY</u> as it is listed on your card (Exhibitor #2)								
Exhibitor's Name						Birthday:/		
Address:								
AQHA #	Ехр	Date:/	/					
APHA # Exp. Date:/ Add'l Exp Date:/								
Phone			Email _					
Relationship to owner:								
OPEN Exhibitor # 1 Information – EXACTLY as it is listed on your card (Exhibitor #3)								
Exhibitor's Name								
Address:				City/St	tate/Zip: _			
AQHA #	Ехр	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:								

Example

			Lampic		
Exhibitor 1 Name: Suzy Smith			Exhibitor 2	Exhibitor 3 Name: Amanda Johnson	
		Name: Ma	argaret Smith		
Class #	Class Name	Class #	Class Name	Class #	Class Name
100.	AQHA Youth Aged Mares	200.	AQHA Amateur Aged Mares	300.	AQHA Open Aged Mares
Exhibitor 1			Exhibitor 2	Exhibitor 3	
Name:		Name:		Name:	
Class #	Class Name	Class # Class Name		Class # Class Name	
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This page can be copied for additional exhibitors or classes as need.

Credit Card Authorization Form

Name on card:				
Billing address:				
City:	State:	Zip Code:		
Phone number of person on card:				
Card Number:				
Security Code:	Ехр	o. Date:		
	I agree to allow WCHA to charge my c	ard for anything related to entries.		
	Signature of Card Holder			