

2024 MICHIGAN QUARTER HORSE ASSOCIATION ENTRY FORM for Futurity & Stallion Service Sale Classes

	ONE FOR	RM PER H	ORSE					
OWNER:		_ MQHA#:			Exp. Da	ate: _		
Address:		_ City:			State: _		_ Zip:	
Phone:		Email:						
NSBA #:	Exp. Date:		Type:	☐ Open	□ Non I	Pro	☐ Y	outh
HORSE'S NAM	E:		Sex:		Date Foal	led:		
NSBA Registrat	ion # (F5-F22 classes)	Bre	ed:	Breed I	Reg #:			
Sire:		Dam:						
EXHIBITOR 1:_		MQHA#:_			_ Exp. D	ate:_		
Address:		City:			_ State:_		Zip:	
Phone:		Email:						
NSBA #:	Exp. Date:		Type:	☐ Open	□ Non I	Pro	☐ Y	outh
EXHIBITOR 2:		MQHA#:_			Exp. D	ate:_		
Address:		City:			_ State <u>:</u>		Zip:	
Phone <u>:</u>		Email:						
NSBA #:	Exp. Date:		Type:	☐ Open	☐ Non I	Pro	☐ Y	outh
Additional ex	hibitors, please attach a separate piece	of paper inc	cluding	the above re	equired info	ormat	tion.	
CLASS / SHOWBILL #	FUT/SSS CLASS DESCRIPTION (NO AC	QHA Classes)		EXHIBITO	R		NTRY F	
			TOT	TAL ENTRY	FEES			

As consideration for being allowed to attend, participate in, spectate at, be present at, train at, compete at, or be on or near the grounds of this and all other events, meetings, and/or shows (hereafter, "events") that are organized by, through, for, or in connection with the Michigan Quarter Horse Association, a Michigan non-profit corporation (hereafter, "MQHA"), and being aware of possible injuries, damages and/or losses that could occur in regard to any event, <u>lagree to the following</u>: lagree to release, waive, and hold harmless MQHA, organizers and sponsors of this and other events, the American Quarter Horse Association ("AQHA"), and their respective officers, directors, members, managers, volunteers, employees, agents, personnel, officials, judges, affiliated persons and/or affiliated entities from any and all liabilities that may arise involving injuries, damages, or losses to myself or to my personal property (including injuries, damages or losses to horses that I may own, lease, train, work with, use, or show) arising from the events, traveling to or from any of the events, attending events, or being on or near the grounds where events take place (such as, for example, arenas, practice areas, barns, aisles, stalls, fences, grandstands, gates, or surrounding land or structures).

I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE AND WITH THE FUTURITY/SSS RULES AS PRINTED.

Futurity Stall, Camping and Payment Form

Stall with request		majorita (Doferndo e	ntil Conton	ahar 1		
ALL stall requests are based on availability, with payment dat Main Barn Stalls based on availability (before Aug 15 - \$150, after Aug 15 - \$170)	le to control		•	each = \$		
Nightly Stalls (1 night only \$45/night)	Arriving _	Quantity	x \$2	15 each =\$		
Bedding at \$10.50 per bag		Quantity	x \$10.5	50 each =\$		
				Total = \$		
Camp with request						
ALL camping requests are based on availability with payment, not roccupied overnight must be registered with the MQHA office. If you you must complete a registration form prior to parking at this event.				-		
Notes	_ Camping	Site Quantity	x \$	each=\$		
\$160 if by 8/15. \$180 after 8/15				ng Total=\$		
Power request (NOT guaranteed) 30 Amp 50 An	np					
Length: Width:	_					
VISA DISCOVER OFFICE CONTRACT						
Card Holder (print)		Total Ent	ry Fees (p	age 1)		
Credit Card Number		Total S	tall Fee (p	age 2)		
Security Code Exp. Date		Total Camp	ing Fee (p	age 2)		
Billing Address		MQHA Membership Fee				
		please attach form				
Signature	_	Total of fees for	check pay	yment		
Signature		Card Transaction	s must add	1 3.5%		
Person responsible for paying this bill (please print)		Total fees for payment on credit card				
 ✓ All entry fees are determined by the date of the post ✓ Incomplete entries and entries without payment will ✓ Refunds given only in the event of the death of a hor 	be considere	ed late.				
Copy of breed registration papers. Weanlings, pleas Papers must be turned in or paybacks will be withher Copy of breed non pro/amateur/youth card if enterin Copy of MQHA membership card for owner and exh	se submit ent eld. ng non-pro c nibitors exhibitors (if	try and forward pa		receipt.		
 Copy of NSBA Registration (if entering NSBA classe Signed release on page 1. Method of payment. Make checks payable to MQHA Fax to: 616-835-9064 or email to info@miquarterhors 	A and mail to	: PO Box 278, Gre	eenville, MI	48838.		
I understand that my entries are not considered compaperwork and fees by the deadline.	nplete and m	ay incur a late fee	if I do not	submit all necessary		
Signature		Date				