



SHOWCASE ENTRY FORM
 SPRING SHOWCASE DATES: MAY 12, 13, 14
 MCCLAIN COUNTY EXPO CENTER, PURCELL, OKLAHOMA
PLEASE COMPLETE THE FRONT AND BACK OF THE FORM
 PRE-ENTRY CLOSING DATE: June 5

ENTRIES TO:
 STACIA WERT-GRAY
 3420 EAST 40TH
 EDMOND, OK 73013
 405-204-3870
 GTGRAY@AOL.COM

Horse #1								
Name of Horse:			Year Foaled:	Breed:	Color:	Sex:	Height:	
Sire:			Dam:					
Horse AMHA #(if applicable):			Horse USEF #(if applicable):			GaitKeeper # (Office use only)	Horse # (Office use only)	

Rider #1								
Rider/Driver/Handler:							Rider DOB:	
Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:
\$	\$	\$	\$	\$	\$	\$	\$	\$

CIRCLE THE DIVISION DECLARED FOR HIGH POINT: Amateur / 13 or Under / 14-17 / Walk Trot

Rider #2								
Rider/Driver/Handler:							Rider DOB:	
Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:	Class # / Test #:
\$	\$	\$	\$	\$	\$	\$	\$	\$

CIRCLE THE DIVISION DECLARED FOR HIGH POINT: Amateur / 13 or Under / 14-17 / Walk Trot

	Rider #1	Rider #2	Total
Morgan Rail Class Fee: \$15 per Class	# of Classes \$	# of Classes \$	# of Classes \$
Morgan Championship Fee: \$35 per Class	# of Champ. Classes \$	# of Champ. Classes \$	# of Champ. Classes \$
Academy / All Breed Rail Class Fee: \$10 per Class	# of Classes \$	# of Classes \$	# of Classes \$
Academy / All Breed Championship Fee: \$15 per Class	# of Champ. Classes \$	# of Champ. Classes \$	# of Champ. Classes \$
Dressage: \$30.00 per test	# of Dressage Tests \$	# of Jackpot Classes \$	# of Jackpot Classes \$
Hunter/Western Jackpot Classes: \$30 per horse	# of Jackpot Classes \$	# of Jackpot Classes \$	# of Jackpot Classes \$
Jumping Fee: \$40.00	\$20 Jump Fee \$	\$20 Jump Fee \$	\$20 Jump Fee \$
Tie Out Fee: \$20 per horse	\$	\$	\$
Stall Fee: No longer includes bedding. Fri-Sun: \$85	\$	\$	\$
No outside bedding. Bedding must be purchased from McClain County Expo. Bedding form is on the SSMHA website. Cash or check only.	X	X	
Buy-a class: \$30 per class in addition to regular class fee. Please specify class(es) below.	# of Buy-a Classes \$	# of Buy-a Classes \$	# of Buy-a Classes \$
Buy-a Class #:	Buy-a Class #:	Buy-a Class #:	
Buy-a Class #:	Buy-a Class #:	Buy-a Class #:	
SSMHA Club Membership (See application for dues):	\$	\$	\$
SSMHA Donation (Any amount appreciated):	\$	\$	\$
RV Hookup: \$100 for weekend	\$	\$	\$
Post Entry Fee: \$50 per rider	\$	\$	\$
Office Fee: \$25 per rider	\$	\$	\$
Sub-Total	\$	\$	\$
Credit Card Convenience Fee: 3.5%:	\$	\$	\$
Grand Total:	\$	\$	\$
	Check # <input style="width: 50px;" type="text"/>	Check # <input style="width: 50px;" type="text"/>	Check # <input style="width: 50px;" type="text"/>

Select Method of Payment: Cash Check (Payable to SSMHA) Venmo (@SoonerState-MHA)

**One OWNER Per Entry Blank - Complete Both Sides of this Form.
For Morgan Horse Exhibitor:**

Please enclose copies of registration papers, USEF & AMHA cards of Owner, Trainer, and each rider/driver/handler. All Fees Must Accompany this ENTRY.

Release, Assumption of Risk, Waiver and Indemnification

This document waives important legal rights. Read it carefully before signing.
I AGREE in consideration for my participation in this Competition to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware & acknowledge that horse sports & the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("harm").

I AGREE to hold harmless and release the SSMHA Inc./Competition and the McClain Count Expo Center from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation, SSMHA Inc. or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the McClain County Expo Center, SSMHA Inc. and the Competition and to hold them harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse while at the Competition.

I have read the Federation rules about Protective equipment, including GR801 and if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, consent to the child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

#1 Rider/Driver, or Handler 1 (Mandatory)		
Name:	AMHA # (if applicable):	ODS # (if applicable):
Address:	Phone:	WDAA # (if applicable):
City, State, Zip:	E-mail Address	
By signing I have read & I agree to the USEF Entry Agreement and Release in the prize list & printing above.	Signature (Parent/Guardian if Under 18):	
#2 Rider/Driver, or Handler 2 (Mandatory)		
Name:	AMHA # (if applicable):	ODS # (if applicable):
Address:	Phone:	WDAA # (if applicable):
City, State, Zip:	E-mail Address	
By signing I have read & I agree to the USEF Entry Agreement and Release in the prize list & printing above.	Signature (Parent/Guardian if Under 18):	
Owner (Mandatory)		
Name:	AMHA # (if applicable):	ODS # (if applicable):
Address:	Phone:	WDAA # (if applicable):
City, State, Zip:	E-mail Address	
By signing I have read & I agree to the USEF Entry Agreement and Release in the prize list & printing above.	Signature (Parent/Guardian if Under 18):	
Trainer (Mandatory)		
Name:	AMHA # (if applicable):	ODS # (if applicable):
Address:	Phone:	WDAA # (if applicable):
City, State, Zip:	E-mail Address	
By signing I have read & I agree to the USEF Entry Agreement and Release in the prize list & printing above.	Signature (Parent/Guardian if Under 18):	

Please enclose copies of all membership cards (AMHA, USEF) for horses eligible for lifetime and year end high point awards.