

MASTER ENTRY FORM - WOHSА ELKHORN OPEN HORSE SHOW – FRIDAY 9/4/2026

Exhibitor Name: _____ Back #: _____

Horse's Name: _____ High Point Division: _____

Address: _____

E-Mail: _____ Phone: _____

\$8.00 Classes (Circle or Highlight all that apply):

- | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 30 | 31 | 32 | 33 | 34 |
| 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 51 | 52 | 53 | | | | | | | | | | | | | |

\$12.00 Sweepstakes Classes (Circle or Highlight all that apply):

- | | |
|---|----|
| 9 | 29 |
|---|----|

In accepting my entry, I hereby for myself, my heirs, my administrators, and family members release and discharge the Wisconsin Open Horse Show Association (WOHSA), its volunteers, agents, and all other participants from any and all claims, demands, actions, and causes of action for all damages and or injuries sustained to my person, my horses, my child, spouse or legal charge and/or property. I also assume and accept full responsibility for any damage done by myself or my horses while at the location of show.

EXHIBITOR SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (Under 18 y/o): _____ DATE: _____

Office Fee: (Per Horse Rider/Combo) _____ x \$10.00\$ _____

Regular Classes: _____ x \$8.00\$ _____

Sweepstakes Classes: _____ x \$12.00\$ _____

Division High Point Fee (Per Horse/Rider Combo): _____ x \$12.00.....\$ _____

Jump-Out Fee (No Stall): _____ x \$15.00 (per day).....\$ _____

TOTAL CHARGES:.....\$ _____

Paid by: CASH \$ _____ CHECK \$ _____ CHECK# _____ VENMO _____