

**MASTER ENTRY FORM - WOHSА Elkhorn - FRIDAY August 29, 2025**

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  | 9  | 10 | 11 | 12 | 13 | 14 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| 35 | 36 | 38 | 40 | 41 | 42 | 43 | 44 |    |    |    |    |    |    |    |    |

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

- |   |    |    |    |
|---|----|----|----|
| 8 | 15 | 37 | 39 |
|---|----|----|----|

\*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): \_\_\_\_\_

---

**Office Fee:** (Per Horse Rider/Combo) \_\_\_\_\_ x \$8.00 .....\$ \_\_\_\_\_

**# of Regular Classes Entered:** \_\_\_\_\_ x \$8.00 .....\$ \_\_\_\_\_

**Jackpot Classes:** \_\_\_\_\_ x \$12.00 .....\$ \_\_\_\_\_

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

**Jump Out Fee (No Stall):** \_\_\_\_\_ x\$15.00.....\$ \_\_\_\_\_

**TOTAL CHARGES:**.....\$ \_\_\_\_\_

Paid by: CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ CHECK# \_\_\_\_\_