2025 WCHA Supreme Championship AQHA & APHA Entry Form

Circle One: Mare Gelding Stallion	DACK #					
Horse's Name:	BACK #					
Date Foaled: AQHA Registration #: APHA	Registration #:					
Owner/Lessee:	AQHA #: Exp//					
Address:	APHA #: Exp//					
City: State: Zip:						
Email:						
YOUTH Information - EXACTLY as it is listed on your card (Exhibitor #1)						
Exhibitor's Name	Birthday:/					
Address: City/St	rate/Zip:					
AQHA # Exp Date:/						
APHA # Exp. Date:/ Add'l Exp Date:/_						
Phone Email						
Relationship to owner:						
$AMATEUR/MASTERS$ Information – $\underline{EXACTLY}$ as it is listed on your card (Ex	hibitor #2)					
Exhibitor's Name	Birthday:/					
Address: City/St	rate/Zip:					
APHA # Exp. Date:/ Add'l Exp Date:/						
PhoneEmail						
Relationship to owner:						
OPEN Exhibitor # 1 Information - EXACTLY as it is listed on your card (Exhibitor #3)						
Exhibitor's Name						
Address: City/St	ate/Zip:					
AQHA # Exp Date:/						
APHA # Exp. Date:/						
PhoneEmail						
The presentation of a signed entry form shall be deemed acceptance of all the rules pertaining to this show. In the event of failure signing an entry form, then first entry of horse or an exhibitor into the show ring shall be deemed to be acceptance to current WCHA, AQHA, & APHA Rule Books rules. I certify that all the 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:						

Email completed AQHA & APHA entries to jcartee.96@gmail.com or mail to WCHA, Attn: Jarrett Cartee, PO Box 13, Collinsville, TX 76233

All stakes' entries should be sent directly to WCHA at touchdownkid95@gmail.com

Example

Bittiffic								
Exhibitor 1		Exhibitor 2		Exhibitor 3				
Name: Suzy Smith		Name: Margaret Smith		Name: Amanda Johnson				
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			

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 ca	ard:		
Card Number:			
Security Code:		Exp. Date:	
	· ·	ny card for anything related to entries. Applicable card fees	
		Signature of Card Holder	