

American National Welsh Pony & Cob Show

September 30 – October 3, 2015

Only one animal on each entry form. Entry form MUST BE signed for entries to be accepted.

WPCSA Customer ID # _____

Please send with entries:

Name of Owner: _____

☐ Copy of front/back of registration papers

Address: _____

☐ Copy of current measurement cards (if applicable)

☐ Copy of current Coggins Test Certificate

Phone: _____ Email: _____

Name of Animal	Color	Sex	Height	Age	WPCSA Reg. #
Sire Name/Registration #:					
Dam Name/Registration #:					

Entry Number (office use)	Classes entered										Rider's DOB	
	Name of Exhibitor: _____										WPCSA #: _____	
Classes:												

Entry Number (office use)	Classes entered										Rider's DOB	
	Name of Exhibitor: _____										WPCSA #: _____	
Classes:												

Entry Fee-WPCSA halter: \$40.00 for both classes
 Performance Classes: \$20.00 Per Class
 Costume and OKWPS children's classes \$5.00
 Stalls/Head Fee: \$65
 WPCSA Fee: \$5.00 per pony per show
 Office Fee: \$30.00
 Jump/Trail Fee-\$10.00 per entry

x _____	= \$ _____
x _____	= \$ _____
x _____	= \$ _____
x _____	= \$ _____
x _____	= \$ _____
x _____	= \$ _____
x _____	= \$ _____

Make checks payable to OKWPS

Total: _____

Please mail entry forms to Robin Nowak at PO Box 709, Giddings, TX 78942; cell (979) 472-0405
 or email entries to: rnowak78942@yahoo.com

Please sign and read the back of this entry form!!!

Entries not signed will not be accepted—Carefully Read This Agreement Before Signing!

Every entry at this show shall constitute an agreement and affirmation That all participants: (1.) Shall be subject to the rules of the WPCSA and the Local competition; (2) every animal and exhibitor is eligible as entered; (3) agree to be bound by the rules of the WPCSA and the Local Competition and accept as final any decision of the WPCSA or Competition on any questions arising under said rules and agree to hold the Competition, The WPCSA, their Officials, Directors and Employees harmless for any action taken, (4) agree that they participate voluntarily in the Competition fully aware that equine sports and the Competition involve inherent dangerous risks and by participating they expressly assume all risks of injury or loss and agree to indemnify and hold the WPCSA, the Competition and their Officials, Directors, Employees and Agents harmless from all claims including injury or loss during or in connection with the Competition whether or not such injury or loss resulted, directly or indirectly, from negligent acts or omissions of said Officials, Directors, Employees and Agents of the WPCSA or the Competition.

Each person signing this form acknowledges that he/she has read the above statement and agrees to the applicable terms, conditions, waiver and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

X _____
Signature of Exhibitor or Agent and Signature of Parent or Guardian giving permission for a Junior Exhibitor to Show

Junior Exhibitor Permission to Exhibit

To be signed by Parent or Guardian

I hereby consent to the entry of my child in this horse show and acknowledge that I have read this entry form and agree to the application terms, conditions, waivers, and consent as set forth herein and accept responsibility here under for the participation of said Junior (minor).

_____ Parent/Guardian Signature	_____ Print Jr. Name	_____ Jr. age & birth date	_____ Jr. WPCSA #
_____ Parent/Guardian Signature WPCSA #	_____ Print Jr. Name	_____ Jr. age & birth date	_____ Jr.



2015 Futurity Form

**2015 Tulsa State Fair
Welsh Pony & Cob Show
FUTURITY ENTRY FORM
DEADLINE – AUGUST 15, 2015
(Double fees will be accepted if
received by September 15, 2015)**

Owner _____
Address _____
E-mail _____
Phone(s) _____

HALTER

PONY NAME	AGE	SEX	A/B/C/D/PB	CLASS # (if known)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

PERFORMANCE

PONY NAME	A/B/C/D/H	CLASS NAME OR #
1.		
2.		
3.		
4.		

Halter (both divisions) \$40.00 x ____ #of ponies = \$ ____
Performance \$20.00 x ____ # of classes = \$ ____
Office Charge (per owner) \$ 15.00
TOTAL = \$ ____

**MAKE CHECKS
PAYABLE TO OKWPS**

**Mail to: Connie Moore
103 North Main
Broken Arrow, OK 74012
(918) 581-2915
Cell: (918) 810-6509**

**For confirmation of receipt of your futurities
Please request an email receipt.**