

NSBA?	Exh	Class#	Description	NSBA?	Exh	Class#	Description

Show Fees: Checks payable to PHBA – NON REFUNDABLE

Office Charge \$105 per horse \$ 105.00

Pattern Book \$10 **Required if in a pattern class** \$ _____

Equipment fee \$20 per horse
Entered in Ranch Horse, Trail, Ranch Trail or Ranch Riding \$ _____

Open/Amateur Class Fee by May 15 - \$150/class // May 16-June 15 \$250/class
June 16 until 5 pm the night before class: \$350/class

classes _____ x fee _____ \$ _____

Open/Amateur NSBA Class fee \$30/class (dual approved classes) # classes _____ \$30 \$ _____

Youth Class Fee by May 15 - \$100/class // May 16-June 15 \$115/class
June 16 until 5 pm the night before class: \$150/class
classes _____ x fee _____ \$ _____

Youth NSBA Class fee \$25/class (dual approved classes) # classes _____ \$25 \$ _____

Amateur Team Tournament \$25/division Division: _____ \$ _____

Challenged Rider Class Fee PHBA class - \$30/class #classes _____ \$30 \$ _____

Challenged Rider NSBA dual approved \$15/class #classes _____ \$15 \$ _____

Special Event AQHA - \$30/class #classes _____ \$30 \$ _____

AQHA Fee \$20 per horse

AQHA Special Event Office charge (if not in a PHBA class) \$25 per horse \$ _____

AQHA Dual approved NSBA \$10/Open or Amateur Class
\$5/Youth Class \$ _____

Total: \$ _____

Mailing address:
PHBA World Show %Diane Gage
1000 E 117th St N
Sedgwick, KS 67135

Checks payable to: PHBA
Email: dmgage@live.com
Phone: 316-737-3309

I (we) the owners, exhibitors hereby agree to abide by the PHBA Official Rulebook and the WCHS Rules and hereby release PHBA, its officers, directors and agents from any and all claims, demands, causes of action and expense arising from or related to the WCHS. In the event that the entry form is not signed or presented, appearance on the grounds as an exhibitor, handler, owner, trainer or consignor shall be deemed acceptance of and agreement to this full and fair release.

OWNER, TRAINER OR AGENT'S SIGNATURE (REQUIRED)

SIGNATURE _____

DATE: _____

PHBA World Show Credit Card Form

VISA, MasterCard, Discover or American Express

Card Number: _____

Name on Card: _____

Zip Code of Billing Address: _____ CVV #: _____ Expiration Date: _____

Phone Number: _____

Signature: _____

Date: _____

Credit/Debit cards do not have the posted cash discount. 4.0 % higher for credit cards

Office Use Only

Date: _____ Initials: _____

Confirmation #: _____

Total: _____

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