2025 WCHA Supreme Championship AQHA & APHA Entry Form

Circle One: Mare Gelding Stallion	BACK # _____
Horse's Name: _____	
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/State/Zip: _____	
AQHA # _____ Exp Date: ___/____/____	
APHA # _____ Exp. Date: ___/___/____ Add'l Exp Date: ___/____/_____	
Phone_____ Email _____	
Relationship to owner: _____	
AMATEUR/MASTERS Information – **EXACTLY** as it is listed on your card (Exhibitor #2)	
Exhibitor's Name _____ Birthday: ____/____/____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/____/____	
APHA # _____ Exp. Date: ___/___/____ Add'l Exp Date: ___/____/_____	
Phone_____ Email _____	
Relationship to owner: _____	
OPEN Exhibitor # 1 Information – **EXACTLY** as it is listed on your card (Exhibitor #3)	
Exhibitor's Name _____	
Address: _____ City/State/Zip: _____	
AQHA # _____ Exp Date: ___/____/____	
APHA # _____ Exp. Date: ___/___/____	
Phone_____ Email _____	

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

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 card: _____

Card Number: _____

Security Code: _____ Exp. Date: _____

I agree to allow WCHA to charge my card for anything related to entries. Applicable card fees may apply.

_____

Signature of Card Holder