MAPFHA - OPEN GAITED VERSATILITY SHOW ENTRY FORM

August 8, 2026

Please complete one form per horse/rider combination

Horse's Name		**Horse's Age**		**Breed**	
❑ Mare ❑ Gelding ❑ Stallion					
Rider's Name		**Rider's Age**			
Street Address		**City, State, Zip**			
Phone Number		**Email**			
Emergency Contact Name		**Phone Number**			

Required if rider is under 18 Parent/Guardian Name

quired if rider is under 18 Parent/Guardian Signature

Mail Entry Form and payment to:
MAPFHA
S3358 County Road M
Fountain City, WI 54629

Class fees are per class unless otherwise noted.

Class #	Class Name	Class Fee ($)

A copy of a current Coggins must be provided with entry.

A signed liability waiver is required with entry.

Participants and spectators acknowledge that equine activities involve inherent risks, including the risk of injury or death. By attending or participating in this event, all individuals assume full responsibility for their own safety and the safety of their horses and property. The Mid America Paso Fino Horse Association, event organizers, volunteers, and the West Salem Fairgrounds shall not be held liable for any injury, loss, or damage incurred. This event is conducted in accordance with Wisconsin equine activity liability laws.

Registration may close if entries exceed what our volunteer team can reasonably manage.

Classes may be combined, divided, or canceled at the discretion of the Show Manager.

All stalls must be stripped and cleaned prior to departure.

No Refunds

Classes 1- 30 **Per Class $10** (before July 24) / $15 after	$
Classes 31-36 **Per Class $5** (before July 24) / $10 after	$
Ride All Day $85 (before July 24) / $100 after	$
Registration Fee (per horse/rider combo): $15 (before July 24) / $25 after	$
Horse Stall (per night/day): $15 (before July 24) / $25 after	$
Tack Stall $10 per day/night	$
per night **Camping $30** *reservation required; no assigned sites*	$
(Pre Order by July 24 ONLY) BBQ Dinner $20 each	$
TOTAL FEES	$

Please select meal choice and quantity:

Pulled Pork #	Chopped Beef Brisket #

Office Use

Payment Received Check $ Cash $

Stall Number Back Number

Office Notes: