

WISCONSIN POAC All Breed Open Show

May 27-28, 2017

Official Entry Form – Please complete one form per pony/rider combination.

Member Number (Owner) _____ Member Number(Exhibitor) _____ Back Number _____

Exhibitor Name: _____ DOB: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Pony Name: _____ Sex: M G S Registration #: _____

Foal Date: _____ Height: _____ PHC: Y N Owners Name: _____

PLEASE CIRCLE AGE GROUP: LEADLINE | 9 & UNDER | 10-13 | 14-18 | 19 & OVER | 18 & UNDER NOVICE | Non-Pro

**Enter all classes you may participate in; cancel at the gate.
ALL ACCOUNTS MUST BE CLOSED OUT BY 1PM ON SUNDAY
AFTERNOON.**

**Fees listed below are paid upon checking out on
Sunday.**

Saturday Class Selections:

- 1 2 3 4 6 7 8 9 12 13 15 16 17 18 21 22 23 25 26 27
- 28 29 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
- 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65
- 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83
- 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
- 101 102 103 104 105 106 107 108 109 110 111 112 113
- 114 115 116 117 118 119 120 121 122 123 124 125 126
- 127 128 129 130 131 132

2017 National Pony Fees:

IBC: \$14 Performance / \$14 Halter Only _____

2017 State Pony Fees:

\$2 Per Pony / Per Class _____

Class Fees:

IBC per class: \$8.00 _____

Sunday Class Selections:

- 1 2 3 4 6 7 8 9 12 13 15 16 17 18 21 22 23 25 26 27
- 28 29 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
- 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65
- 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83
- 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
- 101 102 103 104 105 106 107 108 109 110 111 112 113
- 114 115 116 117 118 119 120 121 122 123 124 125 126
- 127 128 129 130 131 132

I agree that such entries are made at my own risk and subject to the rules of the Wisconsin Pony of the Americas Club, Inc. (WPOAC), and I agree, for myself and my representatives to be bound thereby. I further agree to assume and accept full risk of injury or damage to the property of myself, my family, or property as against the grounds owner, the WPOAC, or any of the officers, directors, or members of said association. I further agree that the WPOAC show manager/managers has the right to interpret all questions or conduct.

***** PLEASE FILL OUT AND SEND STALL RESERVATION ON STALL RESERVATION FORM. STALL RESERVATION ENTRIES MUST BE RECEIVED 1 WEEK PRIOR TO FRIDAY ARRIVAL AT SHOW. A \$5 LATE FEE PER STALL WILL BE ASSESSED FOR LATE STALL RESERVATIONS. PLEASE ALSO FILL OUT AND SEND THIS FORM TO THE POINTS SECRETARY LISTED BELOW NO LESS THAN 1 WEEK PRIOR TO THE SHOW. *****

Signature of Owner/Parent/Authorized Agent:

_____ Date: _____

Covered Exhibitors:

Mail to: Rebecca Eckes,
N4623 Fairhaven Avenue
Chili, WI 54420

Email or call with Questions:
reckes14@gmail.com
(715) 733-1327

ALL ACCOUNTS MUST BE CLOSED OUT BY 1PM ON SUNDAY AFTERNOON.