

**2020 Eastern Washington NSBA, ABRA, AQHA Fall Championship Show
Grant County Fairgrounds - Moses Lake, Washington - October 9-10-11, 2020**

| Office Use Only | Write Class Numbers Below: | | | | | | | Write Name of Horse Below: | Registration Number: | Sex | Birth Year | Name of Sire: Name of Dam: | Owner: | Handler or Rider & the AQHA Number: | Entry Fees: |
|-----------------|----------------------------|--|--|--|--|--|--|----------------------------|----------------------|-----|------------|-------------------------------|--------|-------------------------------------|-------------|
| | | | | | | | | AQHA | | | | | | | |
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| | | | | | | | | ABRA | | | | | | | |
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Waiver Release: As a condition of my participation (and/or the participation of my child) in this event, I agree as follows: I release the Grant County Fairgrounds and the EWQHA, its employees, volunteers and agents, the show facility, and the management of this show from any loss or damage that may occur to me, my horse, or my property as a result of my and/or my horse(s) attendance at or participation in this event. I am responsible for any loss or damage caused by me or my agents at the show grounds and I will pay any bill rendered to me for such loss or damage.

Signature: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Email: _____
 Emergency Number: _____

Mail this entry form together with stall payment to:
 Darlene Chase All other fees can be paid at the
 1733 Alder Ave show. Make checks payable to
 Lewiston, ID 83501 the above organization.

Youth AQHA # _____ Exp _____
 Youth Birthday _____
 Owner of Horse _____
 Relationship of Youth to Owner _____
 NSBA # _____ Exp _____
 Amateur AQHA # _____ Exp _____
 Amateur Birthday _____
 Owner of Horse _____
 Relationship of Amateur to Owner _____
 NSBA# _____ Exp _____
 Open # _____ Exp _____
 NBSA # _____ Exp _____
 ABRA Youth # _____ Exp _____
 ABRA Amateur # _____ Exp _____
 ABRA Open # _____ Exp _____

Permanent Back # _____
 Classes @ \$ _____ /Class: _____
 Classes @ \$ _____ /Class: _____
 AQHA Drug Fee x \$ _____ /Judge _____
 Shavings @ \$ _____ /Bag _____
 RV/LQ x \$ _____ /Night _____
 Stall(s) @ \$ _____ /Day/Night _____
 (STALL WITH _____)
 Post Entry Fee: _____
 Total Fees Due: _____
 Visa MC Amex Disc
 Credit Card # _____
 Exp _____ CVV _____ Zip _____