

Western States American Breed Congress

AQHA & ABRA Shows, MSQHA and IQHA Approved

Grant County Fairgrounds, Moses Lake, WA

| Office Use Only | Write Class Numbers Below | Name of Horse | Registration Number | Sex | Birth Year | Name of Sire and Dam | Owner | Rider or Handler | Entry Fees |
|----------------------|---------------------------|---------------|---------------------|-----|------------|----------------------|-------|------------------|------------|
| AQHA ENTRIES: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ABRA ENTRIES: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 WSABC, 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: _____

AQHA EXHIBITOR INFORMATION:

Amateur/Youth AQHA # _____ Exp _____

Amateur/Youth Birthday _____

Owner of Horse _____

Relationship of Amateur/Youth to Owner _____

AQHA Open Rider Name _____

AQHA Member # _____ Exp _____

ABRA EXHIBITOR INFORMATION:

Amateur/Youth ABRA# _____ Exp _____

Amateur/Youth Birthdate _____

Owner of Horse _____

Relationship of Amateur/Youth to Owner _____

ABRA Open Rider Name _____

ABRA Member # _____ Exp _____

MAIL THIS ENTRY FORM WITH STALL PAYMENT TO:

Darlene Chase
1733 Alder Ave
Lewiston, Idaho 83501

All other fees can be paid at the show. Make checks payable to IEBHA.

Permanent Back# _____

_____ Classes @ \$ _____ /Class: _____

_____ Classes @ \$ _____ /Class: _____

_____ Shavings @ \$ _____ /Bag _____

_____ RV/LQ x \$ _____ /Night _____

_____ Stall(s) @ \$ _____ /Day/Night _____

(STALL WITH _____)

Post Entry Fee: _____ **Total Fees Due:** _____