

CWQHA Entry Form

Please submit 1 form per horse. Online Entry preferred on the Cinch Horse Show Tracker app

Horse Information

AQHA Horse Registered Name _____ AQHA Reg. # _____

ABRA Horse Registered Name _____ ABRA Reg # _____

NSBA License Name _____ NSBA Reg. # _____

Sex _____ Date Foaled _____ Trainers Name _____

Permanent Back Number? _____ Association? _____

Owner Information

Owner's name (exactly as on papers) _____ Birthday _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

NSBA ID# _____ EXP Date _____ NSBA Membership Type: _____

ABRA ID# _____ EXP Date _____ ABRA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Exhibitor #1 Information

Is Exhibitor #1 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #1 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

NSBA ID# _____ EXP Date _____ NSBA Membership Type: _____

ABRA ID# _____ EXP Date _____ ABRA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Please submit a copy of all papers, membership cards and 2022 AQHA leveling report

Exhibitor #2 Information

Is Exhibitor #2 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #2 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

NSBA ID# _____ EXP Date _____ NSBA Membership Type: _____

ABRA ID# _____ EXP Date _____ ABRA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Exhibitor #3 Information

Is Exhibitor #3 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #3 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ AQHA Membership Type: _____

NSBA ID# _____ EXP Date _____ NSBA Membership Type: _____

ABRA ID# _____ EXP Date _____ ABRA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Reminder all horses showing in NSBA classes must have an NSBA License!

Please Email or Send to:
Mikalah Marbach
PO Box 1187
Lewiston, ID 83501
MikalahShowServices@gmail.com
Questions? (208) 791-7316

Show Pricing Sheet

<u>Fee Type</u>	<u>Price</u>	<u>Number</u>	<u>Per Judge/Horse</u>	<u>Sub Total</u>
Office Fee	\$10 Per Horse	1	X 1 =	\$10
AQHA Admin Fee	\$8 Per Judge/Per Horse		X 4 =	
Trail Fee	\$5 Per Judge		X 4 =	
Haul in Fee	\$20 Per Horse/Per Day		N/A	
AQHA Open & Am Class	\$19/Judge		X 4 =	
AQHA L1/Rookie	\$15/Judge		X 4 =	
NSBA Class (3 Judge)	\$13/Judge		X 3 =	
ABRA	\$10/Judge		X 4 =	
Open All Breed	\$10/Judge		X 4 =	
Leadline	FREE		FREE	FREE
All Inclusive (AQHA/NSBA)	\$450		X 1 =	
Late Fee By 4/28/22	\$20			
Shavings	\$10/Bag			
RV	\$40/Night			
Stalls/Tack By 4/28/22	\$140			
Tacks/Stalls After 4/28/22	+\$10			

Total _____

License Plate of Vehicle _____

Description of Vehicle _____

License Plate of Trailer/Camper _____

Description of Trailer/Tent _____

DISCLAIMER OF LIABILITY AND AGREEMENT: I accept any and all liability for any accident, loss, damage, injury or illness to any riders, horses, owners, spectators, property, vehicles and their contents and accessories or any other person or property whatsoever, whether caused by their negligence, breach of contract or in any other way whatsoever. Horses are entered at my own risk and are subject to AQHA and NSBA rules. In case of death, accident, injury or theft, to the exhibitor, their friends & family, horses, property, etc., no claims will be honored against Central Washington Quarter Horse Association, Show Management or Staff and all those associated with this show. By signing below, I agree to these conditions.

Participant Signature: (Must be 18 to sign)

X _____ Date: _____

Printed Name _____

Parent or Legal Guardian: (Parent or Legal Guardian must sign for minor exhibitors. Must be 18 to sign):

X _____ Date: _____

Printed Name: _____

Name of minor signing for: _____

