

**IEQHA Annual Silver Circuit QH Shows  
and  
IEQHA All Novice/Rookie AQHA Show**

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:	
							<b>ALL NOVICE/ROOKIE SHOW ENTRIES BELOW</b>								

**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 Spokane 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  
 1733 Alder Ave  
 Lewiston, ID 83501

All other fees can be paid at the show. Make checks payable to 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 \_\_\_\_\_ CWV \_\_\_\_\_ Zip \_\_\_\_\_