

**NO BLING
NOVICE SHOW**

**4TH ANNUAL INLAND EMPIRE QUARTER HORSE ASSOCIATION
ALL NOVICE CLINIC & SHOW**

**JUNE 3, 2010
SPOKANE FAIR AND EXPO CENTER**

CLINIC STARTS AT 3:30 PM – NOVICE SHOW STARTS AT 4:00 PM

NOVICE CLINIC INSTRUCTOR – COLLEEN RIEDLE NOVICE SHOW JUDGE – MELISSA SEXTON

- | | |
|---|--|
| 1. Novice Youth Reining | 11. Novice Amateur Horsemanship |
| 2. Novice Amateur Reining | 12. Novice Amateur Horsemanship Walk/Trot |
| 3. Novice Youth Showmanship | 13. Novice Horsemanship Disabilities Class |
| 4. Novice Amateur Showmanship | 14. Novice Youth Hunter Under Saddle |
| 5. Novice Youth Trail | 15. Novice Amateur Hunter Under Saddle |
| 6. Novice Amateur Trail | 16. Novice Youth Hunt Seat Equitation |
| 7. Novice Youth Western Pleasure | 17. Novice Youth Hunt Seat Equitation Walk/Trot |
| 8. Novice Amateur Western Pleasure | 18. Novice Amateur Hunt Seat Equitation |
| 9. Novice Youth Horsemanship | 19. Novice Amateur Hunt Seat Equitation Walk/Trot |
| 10. Novice Youth Horsemanship Walk/Trot | 20. Novice Hunt Seat Equitation Disabilities Class |

ENTRY FEE: \$10.00 per class or \$30.00 all day

MAIL ENTRIES TO:

Barbara Williams
PO Box 3013
Hayden Lake, ID 83835
208-683-1617
sierraious@aol.com

_____ Classes @ \$10.00 ea or all day \$30.00	\$ _____
_____ Day Stall \$30	\$ _____
TOTAL	\$ _____

Make Checks payable to IEQHA

ALL NOVICE CLINIC & SHOW

CLASS NUMBERS _____

PLEASE PRINT

NAME OF HORSE _____ REG # _____ SEX _____ DOB _____

OWNER OF HORSE _____ EXHIBITOR _____

EXHIBITOR ADDRESS _____ CITY/STATE/ZIP _____

YOUTH AQHYA # _____ YOUTH DOB _____ RELATIONSHIP TO OWNER _____

AMATEUR AQHA # _____ AMATEUR DOB _____ RELATIONSHIP TO OWNER _____

I hereby release IEQHA and the Spokane Fair & Expo Center from any claims of any kind, any injury, loss or damages which may be suffered by me. I assume full responsibility for any risk, danger, injury or damage which may occur.

Signature _____

Signature (Parent or guardian of youth) _____