

NWIQHA Spring Fling – Moses Lake, WA

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:

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 Fairground, 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: _____
 Emergency Number: _____

Mail this entry form together with stall payment to:

DARLENE CHASE
 1733 Alder Avenue
 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 _____
 NSBA # _____ 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: _____