

63rd ANNUAL NORTHWEST QUARTER HORSE ASSOCIATION

State Back # _____

LAST NAME _____

Southeast Washington Show Circuit

April 22-25, 2010

ONE ENTRY PER OWNER

Office Use	Write class number for each horse under correct day and category.						Name of Horse	Reg #	Sex	DOB	Owner	Exhibitor
	THURSDAY/FRIDAY			SATURDAY/SUNDAY			OPEN ENTRIES					
	THURSDAY/FRIDAY			SATURDAY/SUNDAY			AMATEUR ENTRIES					
	THURSDAY/FRIDAY			SATURDAY/SUNDAY			NOVICE AMATEUR ENTRIES					
	THURSDAY/FRIDAY			SATURDAY/SUNDAY			YOUTH ENTRIES					
	THURSDAY/FRIDAY			SATURDAY/SUNDAY			NOVICE YOUTH ENTRIES					

I hereby release NWQHA and NWQHYA 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.

AQHYA# _____

Total Entry Fees \$ _____

Youth Birthday _____

of Stalls _____ x Stall Fees \$ _____

NAME _____

Relationship to Youth _____

Stall with _____

ADDRESS _____

Open Handler AQHA # _____

Camper Hookup \$ _____

CITY/STATE/ZIP _____

Amateur AQHA # _____

Cattle Charge \$ _____

TELEPHONE _____

Relationship to Amateur _____

AQHA Drug Fee \$ _____

SIGNATURE _____

NSBA # _____

NSBA Fee \$ _____

Post Entry \$ _____

Make checks payable to: SEWSC

Total \$ _____