

WESTERN STATES AMERICAN BREED CONGRESS

WRITE CLASS NUMBERS	NAME OF HORSE	REG. NUMBER	SEX	BIRTH YEAR	NAME OF SIRE & DAM	OWNER	RIDER/HANDLER
---------------------	---------------	-------------	-----	------------	--------------------	-------	---------------

AQHA ENTRIES

ABRA ENTRIES

FUTURITY ENTRIES

--	--	--	--	--	--	--	--

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 Fairgrounds and the WSABC, 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 & ZIP _____ STATE _____

TELEPHONE _____

EMAIL _____

AQHA EXIBITOR INFORMATION
AM/YTH AQHA #
AM/YTH BIRTHDAY
OWNER OF HORSE
RELATIONSHIP OF AM/YTH TO OWNER
AQHA OPEN RIDER:
AQHA OPEN RIDER MEMBER #

MAIL THIS ENTRY WITH STALL PAYMENT TO
 MIKALAH MARBACH
 PO BOX 1187
 LEWISTON, ID 83501

MAKE CHECKS PAYABLE TO IEBHA OR USE
 PAYPAL FRIENDS & FAMILY TO
 IEBHACLUB@GMAIL.COM

PERMANENT BACK #

ABRA EXIBITOR INFORMATION
AM/YTH ABRA #
AM/YTH ABIRTHDAY
OWNER OF HORSE
RELATIONSHIP OF AM/YTH TO OWNER
ABRA OPEN RIDER NAME
ABRA OPEN RIDER MEMBER #

AQHA CLASSES AT \$32/DAY

ABRA CLASSES AT \$20/DAY

FUTURITY CLASSES AT \$75

SHAVINGS AT \$10/BAG

STALLS AT \$150 (BEFORE 8/18)

STALLS AT \$175 (AFTER 8/18)

STALL WITH

POST ENTRY FEE

AQHA FLAT FEE \$400
 ABRA FLAT FEE \$300
 IEBHA PASSPORT \$300

TOTAL DUE _____