

IEQHA All Novice/Easter Bunny Special Entry Form

Please submit 1 form per horse. Online Entry preferred on the Cinch Horse Show Tracker app

Horse Information

AQHA Horse Registered Name _____ AQHA Reg. # _____

NSBA License Name _____ NSBA Reg. # _____

Sex _____ Date Foaled _____ Trainers Name _____

Permanent Back Number? _____ Association? _____

Owner Information

Owner's name (exactly as on papers) _____

AQHA ID# _____ EXP Date _____ NSBA ID# _____ EXP Date _____

AQHA Membership Type: _____ NSBA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Exhibitor #1 Information

Is Exhibitor #1 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #1 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ NSBA ID# _____ EXP Date _____

AQHA Membership Type: _____ NSBA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Please submit a copy of all papers, membership cards and 2022 leveling report

Exhibitor #2 Information

Is Exhibitor #2 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #2 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ NSBA ID# _____ EXP Date _____

AQHA Membership Type: _____ NSBA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Exhibitor #3 Information

Is Exhibitor #3 the same as the Owner: Yes _____ No _____ Relation to Owner _____

Exhibitor #3 Name _____ Date of Birth _____

AQHA ID# _____ EXP Date _____ NSBA ID# _____ EXP Date _____

AQHA Membership Type: _____ NSBA Membership Type: _____

Address: Street _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Enter Class Numbers you wish to enter. Separate class Numbers with a comma.

Please Email or Send to:
Mikalah Marbach
PO Box 1187
Lewiston, ID 83501
MikalahShowServices@gmail.com
Questions? (208) 791-7316

Please submit a copy of all papers, membership cards and 2022 leveling report

Show Pricing Sheet

All Novice Show: Billed Separate from Easter Bunny Special

<u>Fee Type</u>	<u>Price</u>	<u>Quantity</u>	<u>Sub Total</u>
All Day Fee	\$50		
Individual Classes	\$10		
AQHA Admin Fee	\$8		
Trail Obstacle Fee	\$5		
Haul in Fee	\$15 Per Horse/Per Day		

Total _____

Easter Bunny Special

<u>Fee Type</u>	<u>Price</u>	<u>Number</u>	<u>Per Judge/Horse</u>	<u>Sub Total</u>
Office Fee	\$15 Per Horse	1	X 1 =	\$15
AQHA Admin Fee	\$8 Per Judge/Per Horse		X 3 =	
Trail Fee	\$5 Per Judge		X 3 =	
Haul in Fee	\$15 Per Horse/Per Day		N/A	
AQHA Open & Am Class	\$19/Judge		X 3 =	
AQHA L1/Rookie/OAB Class	\$15/judge		X 3 =	
NSBA Class	\$13/Judge		X 3 =	
Leadline	FREE		FREE	FREE
All Inclusive (AQHA/NSBA)	\$375		X 1 =	
Late Fee	\$20 4/8/2022			
RV Hookups	\$45/Night			
Dry Camping	\$20/Night			
Stalls By 4/8/22	\$120			
Tack Stalls by 4/8/22	\$120			
Tacks/Stalls After 4/8/22	+\$10			
Early Arrival Stall	\$30/Night			
Pre-Bed (Reserved by 4/8)	\$15			
Unlimited Shavings	\$25			

Stall Circuit rate includes Thursday, Friday, Saturday, if postmarked 10 days ahead, \$20 added to the circuit rate if postmarked after pre-entry date. Shavings are in bulk.

Please Stall with: _____ Total: _____

DISCLAIMER OF LIABILITY AND AGREEMENT: I accept any and all liability for any accident, loss, damage, injury or illness to any riders, horses, owners, spectators, property, vehicles and their contents and accessories or any other person or property whatsoever, whether caused by their negligence, breach of contract or in any other way whatsoever. Horses are entered at my own risk and are subject to AQHA and NSBA rules. In case of death, accident, injury or theft, to the exhibitor, their friends & family, horses, property, etc., no claims will be honored against the Inland Empire Quarter Horse Association, Show Management or Staff and all those associated with this show. By signing below, I agree to these conditions.

Participant Signature: (Must be 18 to sign)

X _____ Date: _____ Printed Name _____

Parent or Legal Guardian: (Parent or Legal Guardian must sign for minor exhibitors. Must be 18 to sign):

X _____ Date: _____ Printed Name: _____

Name of minor signing for: _____

Trainers/Group Stall Form

Please send 1 form in per group

Barn Name _____

Responsible Party	Number of Stalls	Type of Stall	Tack Spilt

Please Email or Send to:
Mikalah Marbach
PO Box 1187
Lewiston, ID 83501
MikalahShowServices@gmail.com
Questions? (208) 791-7316

Total Horse Stalls _____

Total Tack Stalls _____

Grand Total _____