

# CWQHA 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. # \_\_\_\_\_

ABRA Horse Registered Name \_\_\_\_\_ ABRA Reg # \_\_\_\_\_

NSBA License Name \_\_\_\_\_ NSBA Reg. # \_\_\_\_\_

Sex \_\_\_\_\_ Date Foaled \_\_\_\_\_ Trainers Name \_\_\_\_\_

Permanent Back Number? \_\_\_\_\_ Association? \_\_\_\_\_

## Owner Information

Owner's name (exactly as on papers) \_\_\_\_\_ Birthday \_\_\_\_\_

AQHA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

NSBA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ NSBA Membership Type: \_\_\_\_\_

ABRA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ ABRA 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 \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

NSBA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ NSBA Membership Type: \_\_\_\_\_

ABRA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ ABRA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

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**Please submit a copy of all papers, membership cards and 2022 AQHA 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 \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

NSBA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ NSBA Membership Type: \_\_\_\_\_

ABRA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ ABRA 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 \_\_\_\_\_ AQHA Membership Type: \_\_\_\_\_

NSBA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ NSBA Membership Type: \_\_\_\_\_

ABRA ID# \_\_\_\_\_ EXP Date \_\_\_\_\_ ABRA Membership Type: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Reminder all horses showing in NSBA classes must have an NSBA License!**

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

## Show Pricing Sheet

<u>Fee Type</u>	<u>Price</u>	<u>Number</u>	<u>Per Judge/Horse</u>	<u>Sub Total</u>
Office Fee	\$10 Per Horse	1	X 1 =	\$10
AQHA Admin Fee	\$8 Per Judge/Per Horse		X 4 =	
Trail Fee	\$5 Per Judge		X 4 =	
Haul in Fee	\$20 Per Horse/Per Day		N/A	
AQHA Open & Am Class	\$19/Judge		X 4 =	
AQHA L1/Rookie	\$15/Judge		X 4 =	
NSBA Class (3 Judge)	\$13/Judge		X 3 =	
ABRA	\$15/Judge		X 4 =	
Open All Breed	\$10/Judge		X 4 =	
Leadline	FREE		FREE	FREE
All Inclusive (AQHA/NSBA)	\$450		X 1 =	
Late Fee By 4/28/22	\$20			
Shavings	\$10/Bag			
RV	\$40/Night			
Stalls/Tack By 4/28/22	\$140			
Tacks/Stalls After 4/28/22	+\$10			

Total \_\_\_\_\_

License Plate of Vehicle \_\_\_\_\_

Description of Vehicle \_\_\_\_\_

License Plate of Trailer/Camper \_\_\_\_\_

Description of Trailer/Tent \_\_\_\_\_

**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 Central Washington 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

Total Horse Stalls \_\_\_\_\_

Shavings Per Stall \_\_\_\_\_

Total Tack Stalls \_\_\_\_\_

Grand Total \_\_\_\_\_

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

Preferred Barn \_\_\_\_\_