

BACK # _____
OR WSH PERM# _____

AQHA ENTRY FORM

LAST NAME

IEBHA SUMMER CELEBRATION & WSABC

August 11th & 12th, 2012

Spokane Fair & Expo, Spokane, WA

Approvals: AQHA, IQHA, WSQHA, MSQHA - TRIPLE JUDGED

Mail to: Barbara Williams, PO Box 3013, Hayden, ID 83835

sierraious@aol.com phone (208) 683-1617

Pre-Entry closes - August 1, 2012

Pre-Entry of one class will forfeit Post Entry fee

| | | | | | | | | | | | |
|---|-------------|------|---|--|--|-----------------------------------|-----------------------------|--|---------------|--|--|
| Name of Horse: <u>(One Master entry form per horse)</u> | | | Registered Owner: <i>Name as it appears on AQHA Registration Papers</i> | | | | Horse AQHA Registration No: | | | | |
| SEX (circle one): S M G | Born: Month | Year | Trainer: | | | | | | | | |
| Billing Contact/Exhibitor: | | | Telephone #: | | | | Email: | | | | |
| Address: | | | | | | City/State | | | | | |
| | | | | | | ZIP Code: | | | | | |
| EXHIBITOR (<i>Name as it appears on AQHA ID Card</i>) | | | | | | Enter all Class # (one # per box) | | | | | |
| | | | | | | Saturday | | | Sunday | | |
| Open Exhibitor: | | | | | | | | | | | |
| AQHA ID #: | | | Exp. Date | | | | | | | | |
| Amateur / Select Exhibitor: | | | | | | | | | | | |
| AQHA ID #: | | | Exp. Date | | | | | | | | |
| Owner Relationship: | | | | | | | | | | | |
| Novice Amateur Exhibitor: | | | | | | | | | | | |
| AQHA ID #: | | | Exp. Date | | | | | | | | |
| Owner Relationship: | | | | | | | | | | | |
| Youth Exhibitor: | | | | | | | | | | | |
| AQHA ID #: | | | Exp. Date | | | | | | | | |
| Owner Relationship: | | | DOB: | | | | | | | | |
| Novice Youth Exhibitor: | | | | | | | | | | | |
| AQHA ID #: | | | Exp. Date | | | | | | | | |
| Owner Relationship: | | | DOB: | | | | | | | | |

| | | | |
|------------------------------|-------------------------------|------------------------|----------|
| FEES: Open/Amateur - | \$45 per class (triple judge) | # of classes _____ | \$ _____ |
| Youth/Novice - | \$36 per class (triple judge) | # of classes _____ | \$ _____ |
| Office Fee - | \$6 per horse | | \$ _____ |
| Post Entry Fee - | \$5 per horse | | \$ _____ |
| Stalls (if paid by Aug. 1) - | \$85 for Thu/Fri/Sat nights | # of stalls _____ | \$ _____ |
| (if not paid by Aug. 1) - | \$95 for Thu/Fri/Sat nights | # of stalls _____ | \$ _____ |
| Stalls (sat night only) | \$50 for Sat night only | # of stalls _____ | \$ _____ |
| Tack Stall - | \$50 for the duration | # of tack stalls _____ | \$ _____ |
| Camper Hook Up - | \$26 per night | # of nights _____ | \$ _____ |
| Drug Fee - | \$15 (triple judge) | | \$ _____ |
| TOTAL | | | \$ _____ |

RELEASE: I hereby release IEBHA, WSABC, and the Spokane Fair & Expo from any loss or damages that may occur, and it shall be the condition of entry that each exhibitor shall hold the horse show management blameless of any loss or otherwise. All owners and exhibitors will be held responsible for any damage incurred by them or their agents to barns or properties on the show grounds and will be billed accordingly.

Signature: _____ Parent or Guardian: _____