

# CENTRAL WASHINGTON QHA AQHA/ABRA MAY 2 - 5, 2019

## Grant County Fairgrounds, Moses Lake WA

Office Use Only	Write class numbers below:						Write Name of Horse (Exactly as it appears on Registration:	Registration Number:	Sex	Birth Year	Owner:	Exhibitor/Rider	AQHA/ABRA Number:

**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/or Central Washington QHA, 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Emergency Number: \_\_\_\_\_

**Mail this entry form & copies of Registration & Exhibitor Card with stall payment to:**

Nancy Ostle Zahn  
 116157 N Buxton Rd  
 Butte, MT 59750  
 Phone: (406) 799-3452

All other fees can be paid at the show. **Make checks payable to the above organization.**

***Members of CWQHA may cross enter breeds at no extra flat fee charge, join online or in the office prior to event.***

Youth AQHA/ABRA # \_\_\_\_\_ Exp \_\_\_\_\_  
 Youth Birthday \_\_\_\_\_  
 Owner of Horse \_\_\_\_\_  
 Relationship of Youth to Owner \_\_\_\_\_

Amateur AQHA/ABRA # \_\_\_\_\_ Exp \_\_\_\_\_  
 Amateur Birthday \_\_\_\_\_  
 Owner of Horse \_\_\_\_\_  
 Relationship of Amateur to Owner \_\_\_\_\_

Open AQHA/ABRA # \_\_\_\_\_ Exp \_\_\_\_\_  
 Birthday \_\_\_\_\_  
 Owner of Horse \_\_\_\_\_  
 Relationship to Owner \_\_\_\_\_

(Applicable) Permanent Back # \_\_\_\_\_

(STALL WITH \_\_\_\_\_)

Available Online Pre-Entry at  
<http://www.showeasyentry.com/cwqha/>

\_\_\_\_\_ Flat Fee @ \$ \_\_\_\_\_/Class: \_\_\_\_\_

\_\_\_\_\_ Classes @ \$ \_\_\_\_\_/Class: \_\_\_\_\_

\_\_\_\_\_ Classes @ \$ \_\_\_\_\_/Class: \_\_\_\_\_

\_\_\_\_\_ AQHA/ABRA Fee x \$ \_\_\_\_\_/Judge: \_\_\_\_\_

\_\_\_\_\_ Shavings @ \$ \_\_\_\_\_/Bag: \_\_\_\_\_

\_\_\_\_\_ RV/LQ X \$ \_\_\_\_\_/Night: \_\_\_\_\_

\_\_\_\_\_ Haulin Fee @ \$ \_\_\_\_\_/Horse/Day: \_\_\_\_\_

\_\_\_\_\_ Stall(s) @ \$ \_\_\_\_\_/Day/Night: \_\_\_\_\_

\_\_\_\_\_ Office Fee @ \$ \_\_\_\_\_/Horse: \_\_\_\_\_

\_\_\_\_\_ Pattern Book @\$ \_\_\_\_\_/Book: \_\_\_\_\_

\_\_\_\_\_ CWQHA Membership \_\_\_\_\_

Post Entry Fee: \_\_\_\_\_

Total Fees Due: \_\_\_\_\_