

35th Annual Western States American Breed Congress

August 25-27, 2023 - Grant County Fairgrounds – Moses Lake, WA



PLEASE TELL ME IF YOU HAVE
A PERMANENT BACK #: _____

** YOU MAY USE ONE ENTRY FORM FOR MULTIPLE HORSES – JUST LEAVE A BLANK LINE BETWEEN HORSES' NAMES**

WHEN MAILING, FAXING OR EMAILING ENTRIES, BE SURE TO INCLUDE COPY OF HORSE'S AQHA & ABRA REGISTRATION PAPERS AND YOUR AQHA & ABRA MEMBERSHIP CARDS.

Office Use Only	ENTER CLASS NUMBERS			HORSES REGISTERED NAME	HORSE'S REGISTRATION #	AGE	SEX	OWNER'S NAME & AQHA and/or ABRA #	EXHIBITOR'S NAME & AQHA and/or ABRA #
	Fri	Sat	Sun						

WAIVER RELEASE: As a condition of my participation and/or the participation of my child in this event, I agree as follows: I release IEBHA, the Grant County Fairgrounds, its employees, volunteers, agents, the show facility, and the management of this show from any loss, damage or illness 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 this show grounds and I will pay any bill rendered to me for such loss or damage. My signature also authorizes payment of all show fees with credit card as listed on this entry form.

MEMBERSHIP INFORMATION:

Youth AQHA #: _____ **Exp:** _____
Youth ABRA #: _____ **Exp:** _____
Youth Birthday: _____
 Relationship of Youth to Owner of Horse: _____
 Relationship Form Completed: _____

Amateur AQHA #: _____ **Exp:** _____
Amateur Birthday: _____
Amateur ABRA #: _____ **Exp:** _____
 Relationship of Amateur to Owner of Horse: _____
 Relationship Form Completed: _____

Open AQHA #: _____ **Exp:** _____
Open ABRA #: _____ **Exp:** _____

Signature: _____
 Date: _____
 Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Telephone #: _____
 Emergency #: _____
 Email Address: _____

Credit Card: VISA M/C Am/Ex Discover

 Credit Card #: _____

 Exp: _____ CVV: _____ Zip: _____

 Sign./Auth.: _____

OFFICE USE ONLY

OPEN CHECK RC'D _____
 USE CREDIT CARD ON FILE _____

PLEASE SEE ITEMIZED FEE SCHEDULE FOR A COMPLETE LIST OF SHOW & CLASS FEES.

MAIL ENTRY FORM/STALL RESERVATION FORM, COPY OF AQHA & ABRA REGISTRATION PAPERS/ AQHA & ABRA CARDS TO:

 Sue Kvern, WSABC Show Secretary
 52094 Sunquist Road
 Milton-Freewater, OR 97862

 Enter Online: www.horseshowsecretary.com

Please note: No exhibitor back numbers will be released until all information is received by show secretary – including exhibitors leaving an open check or other method of payment. Thank you!