

**2020 Northwest Interstate QHA Spring Fling
Lewiston Roundup Grounds - Lewiston, Idaho
June 4, 5, 6, 7, 2020**

Office Use Only	Write Class Numbers Below:						Write Name of Horse Below:	Registration Number:	Sex	Birth Year	Name of Sire: Name of Dam:	Owner:	Handler or Rider & the AQHA Number:	Entry Fees:

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 Lewiston Roundup Grounds and the NWIQHA, 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: _____
 Email: _____
 Emergency Number: _____

Youth AQHA # _____ Exp _____
 Youth Birthday _____
 Owner of Horse _____
 Relationship of Youth to Owner _____
 NSBA # _____ Exp _____
 Amateur AQHA # _____ Exp _____
 Amateur Birthday _____
 Owner of Horse _____
 Relationship of Amateur to Owner _____
 NSBA# _____ Exp _____
 Open # _____ Exp _____
 NBSA # _____ Exp _____
 ABRA Youth # _____ Exp _____
 ABRA Amateur # _____ Exp _____
 ABRA Open # _____ Exp _____

Permanent Back # _____
 _____ Classes @ \$ _____ /Class:
 _____ Classes @ \$ _____ /Class:
 _____ AQHA Drug Fee x \$ _____ /Judge
 _____ Shavings @ \$ _____ /Bag
 _____ RV/LQ x \$ _____ /Night
 _____ Stall(s) @ \$ _____ /Day/Night
 (STALL WITH _____)

Post Entry Fee: _____
 Total Fees Due: _____

Mail this entry form together with stall payment to:

Darlene Chase
 1733 Alder Ave
 Lewiston, ID 83501

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