

Northwest Interstate QHA Wine Spectacular

Lewiston Roundup Grounds, Lewiston ID

Stall With _____

September 18-20

Office _____ Permanent # _____

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 & Their AQHA Number	Entry Fees

Mail this entry With Stall Payment to:

Darlene Chase 208-305-6130 Cell
 1733 Alder Ave 208-798-0763 Home
 Lewiston, ID 83501

All other fees may be paid at the show.
 Make all checks payable to NIQHA

Name: _____
 Address _____
 City: _____
 Phone/Cell _____
 Email: _____
 Emergency Phone _____

Waiver Release: As a condition of my participation (and or my Child) In this event, I agree as follows: I release the Lewiston Round Up Grounds and NIQHA, its employees, volunteers, and agents, the show facility, and management of this show from lost 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 my 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 _____

Youth AQHA # _____ Exp _____
 Youth Birthday _____
 Owner of Horse _____
 Relationship to Owner _____
 NSBA # _____ Exp _____
 ABRA # _____ Exp _____
 Amateur AQHA # _____ Exp _____
 AM Birthdate _____
 Owner of Horse _____
 Relationship to Owner _____
 NSBA # _____
 ABRA# _____

OPEN Riders AQHA # _____ Exp _____
 NSBA # _____ Exp _____
 ABRA # _____ Exp _____

Visa MC Amex Disc
 Credit Card # _____
 Exp _____ CVV _____ Zip _____
 Name on card _____
 Signature _____

_____ Classes @ \$ _____ /Class: _____
 _____ Classes @ \$ _____ /Class: _____
 _____ Trail Warm Up @ \$ _____ / _____
 _____ Stall(s) @ \$ _____ /Day/Night _____
 _____ Shavings @ \$ _____ /Bag _____
 _____ AQHA Drug Fee X\$ _____ /Judge _____
 _____ Office Fee _____ /Horse _____
 _____ RV @ \$ _____ /Night _____
 _____ Haul ins @ \$ _____ /Day _____
 Post Fees _____
 Credit Card Fees (4%) _____

Total Fees _____