

# 35<sup>th</sup> 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](http://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!**