

# Western Montana Quarter Horse Association

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


**ABRA ENTRIES:**


**ALL BREED ENTRIES:**

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**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 5C Arena and the WMQHA, 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: \_\_\_\_\_

**AQHA EXHIBITOR INFORMATION:**

Amateur/Youth AQHA# \_\_\_\_\_ Exp \_\_\_\_\_  
 Amateur/Youth Birthday \_\_\_\_\_  
 Owner of Horse \_\_\_\_\_  
 Relationship of Amateur/Youth to Owner \_\_\_\_\_  
 AQHA Open Rider Name \_\_\_\_\_  
 AQHA Member # \_\_\_\_\_ Exp \_\_\_\_\_

**ABRA EXHIBITOR INFORMATION:**

Amateur/Youth ABRA# \_\_\_\_\_ Exp \_\_\_\_\_  
 Amateur/Youth Birthdate \_\_\_\_\_  
 Owner of Horse \_\_\_\_\_  
 Relationship of Amateur/Youth to Owner \_\_\_\_\_  
 ABRA Open Rider Name \_\_\_\_\_  
 ABRA Member # \_\_\_\_\_ Exp \_\_\_\_\_

**NSBA Member Number:** \_\_\_\_\_

MAIL THIS ENTRY FORM WITH STALL PAYMENT TO:  
 Nancy Ostle Zahn  
 116157 N Buxton Rd  
 Butte, MT 59750

OR ENTER ONLINE AT: <https://showeasyentry.com/wmqha/>

Make checks payable to CWQHA. Permanent Back# \_\_\_\_\_  
 \_\_\_\_\_ Classes @ \$ \_\_\_\_\_ /Class: \_\_\_\_\_  
 \_\_\_\_\_ Classes @ \$ \_\_\_\_\_ /Class: \_\_\_\_\_  
 \_\_\_\_\_ Classes @ \$ \_\_\_\_\_ /Class: \_\_\_\_\_  
 \_\_\_\_\_ Shavings @ \$ \_\_\_\_\_ /Bag \_\_\_\_\_  
 \_\_\_\_\_ Stall(s) @ \$ \_\_\_\_\_ /Day/Night \_\_\_\_\_  
 (STALL WITH \_\_\_\_\_)

Post Entry Fee: \_\_\_\_\_ Total Fees Due: \_\_\_\_\_