



FOR OFFICE USE ONLY

POSTMARK DATE: _____

TOTAL FEES PAID: _____

COMPETITION TYPE: _____

POST COMPETITION REPORT

COMPETITION CONTACT/SECRETARIES

Please complete all sections of this form and return it along with proper payment. NWA competition fees and competition results are to be postmarked or sent electronically within 14 calendar days of the close of the competition. This form can be submitted electronically to office@nwha.com and fees may be paid via the NWA Shop. Feel free to contact the NWA Office at 859-252-6942 if you have any questions.

COMPETITION NAME/LOCATION: _____

DATE(S): _____ JUDGE(S): _____

SHOW FEES

NWA TEMP SHOW FEE(S) x \$25 = _____

DQP FEES (per horse, per day)

Show Day #1 # horses x \$2/\$4 = _____

Show Day #2 # horses x \$2/\$4 = _____

Show Day #3 # horses x \$2/\$4 = _____

SUB TOTAL = _____

MEMBERSHIPS

LIST ALL MEMBERSHIPS AND PAYMENTS ON THE SECOND PAGE

NWA MEMBERSHIPS INCLUDED IN PAYMENT

Adult Membership*** x \$75 = _____

Life Membership x \$500 = _____

Family Membership*** x \$1.25 = _____

Youth Membership*** x \$.25 = _____

"NEW" 2 Year Adult Membership x \$125 = _____

"NEW" 2 Year Family Membership x \$210 = _____

NOTE Membership increase of \$25.00 after March 31st

SUB TOTAL = _____

TOTAL NUMBER OF ENTRIES _____

TOTAL NUMBER OF HORSES ENTERED _____

SIGNATURE (Contact/Secretary) _____

PAYMENT INFORMATION

(PAYMENT MUST BE INCLUDED WHEN SUBMITTING REPORT)

PAYMENT METHOD (DO NOT SEND CASH) Make Check Payable to: NWA

TOTAL AMOUNT ENCLOSED

CHECK # _____

We also accept    

Card Number: _____

Exp. Date: _____

Card Holder's Name (Print) _____

Billing Zip Code

Card Holder's Signature _____

NWA SHOP

