

## POST COMPETITION REPORT

## COMPETITION CONTACT/SECRETARIES

Please complete all sections of this formand return it along with proper payment. NWHA comp competition results are to be postmarked or sent electronically within 14 calendar days of the close competition. This form can be submitted electronically to office@nwha.com and fees may be passible. Feel free to contact the NWHA Office at 859-252-6942 if you have any questions.	se of the
COMPETITION NAME/LOCATION:	
DATE(S): JUDGE(S):	
SHOW FEES	
NWHA TEMPSHOW FEE(S)	x \$20 =
DQP FEES (per horse, per day) Show Day #1	#horses x \$2 <mark>/\$4 =</mark>
Show Day #2	#horses x \$2/ <mark>\$4</mark> =
Show Day #3	# h o r s e s x \$2/\$ <mark>4</mark> =
	SUB TOTAL =
MEMBERSHIPS	
NWHA MEMBERSHIPS INCLUDED IN PAYMENT  Adult Membership  Life Membership  Family Membership  Youth Membership  "NEW" 2 Year Adult Membership  "NEW" 2 Year Family Membership	x \$500 =
TOTAL NUMBER OF ENTRIES	<u></u>
TOTAL NUMBER OF HORSES ENTERED	
SIGNATURE (Contact/Secretary)	
PAYMENT INF (PAYMENT MUST BE INCLUDED	
PAYMENT METHOD (DO NOT SEND CASH) Make Check Payable to: NWHA  CHECK #	(TOTAL AMOUNT ENCLOSED)
We also accept MERICAN MOSTERCARD VISA DISCOVER	
Card Number:  Card Holder's Name (Print)  Card Holder's Signature	

FOR OFFICE USE ONLY

POSTMARK DATE: \_\_\_\_\_

TOTAL FEES PAID: \_\_\_\_\_

COMPETITION TYPE: \_\_\_\_\_

## TEMPORARY SHOW CARD FEES

The competitions will be responsible for forwarding Show forms with the names of individuals who pay TempShow Card fees at the competition to the NWHA with the post competition report. Payment of Temporary Show Card fees for purposes of competing does not entitle the individual to any other privileges of NWHA membership.

LISTNAMES	EXHIBITOR STATUS (A/O/Y)	SEPARATE PAYMENT ENCLOSED	NWHA - \$15
		☐ YES☐ NO	
		☐ YES□ NO	
		☐ YES☐ NO	
		☐ YES□ NO	
		☐ YES☐ NO	

## MEMBERSHIP APPLICATION FEES

LIST NAMES	MEMBERSHIP TYPE	SEPARATE PAYMENT ENCLOSED
		☐ YES□ NO
		☐ YES☐ NO
		☐ YES☐ NO
		☐ YES□ NO
		☐ YES□ NO
		☐ YES☐ NO