



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. NWAHA 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@nwaha.com and fees may be paid via the NWAHA Shop. Feel free to contact the NWAHA Office at 859-252-6942 if you have any questions.

COMPETITION NAME/LOCATION: _____

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

SHOW FEES

NWAHA 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

NWAHA 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 Mebership 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: NWAHA

TOTAL AMOUNT ENCLOSED

☐ CHECK # _____

☐ We also accept    

Card Number:

Card Holder’s Name (Print) _____

Card Holder’s Signature _____

Exp. Date:
 /

Billing Zip Code

☐ NWAHA SHOP

TEMPORARY SHOW CARD FEES

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

LIST NAMES	EXHIBITOR STATUS (A/O/Y)	SEPARATE PAYMENT ENCLOSED	NWAH - \$15
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
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		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

MEMBERSHIP APPLICATION FEES

LIST NAMES	MEMBERSHIP TYPE	SEPARATE PAYMENT ENCLOSED
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
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		<input type="checkbox"/> YES <input type="checkbox"/> NO
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		<input type="checkbox"/> YES <input type="checkbox"/> NO

