

Western States American Breed Congress

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:

NSBA ENTRIES:

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 Grant County Fairgrounds and the WSABC, 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/wsabc>

Make checks payable to IEBHA. Permanent Back# _____

_____ Classes @ \$ _____ /Class: _____

_____ Classes @ \$ _____ /Class: _____

_____ Classes @ \$ _____ /Class: _____

_____ Shavings @ \$ _____ /Bag _____

_____ RV/LQ x \$ _____ /Night _____

_____ Stall(s) @ \$ _____ /Day/Night _____

(STALL WITH _____)

Post Entry Fee: _____ Total Fees Due: _____