

MAIL ENTRY FORM & CHECK TO:

The Celebration®
P.O. Box 1010
Shelbyville, TN 37162

FAXED ENTRIES MUST BE SIGNED AND ACCOMPANIED BY A VALID CREDIT CARD NUMBER

ENTRY FORM - TENNESSEE WALKING HORSE NATIONAL CELEBRATION

AUGUST 25 - SEPTEMBER 4, 2010

FAX 931.684.5949

SHELBYVILLE, TN 37162

ENTRIES MUST BE RECEIVED BY 5:00 PM, TUESDAY, AUGUST 3, 2010

(Deadlines for entering Championship Classes are listed on Page 1 of the Premium List)

(All other classes must be entered by 5:00 pm, Tuesday, August 3, 2010)

No. _____

Date _____

This Box For Internal Use Only

PLEASE READ RULES IN PREMIUM LIST

(Please type or print with ballpoint pen, making two copies.)

★★★★HORSES THAT ARE 15 YEARS OLD OR OLDER WILL BE RECOGNIZED AS "CLASSIC HORSES" IN THE PROGRAM

Below space for internal use only.	★Registered Name of Horse Class Numbers Under Name (one class per block, space provided for 6 classes per horse)	★Registration No.	COGGINS NO. (Accession # & DATE) Please send copies of Coggins with entries	★Horse S.H.O.W. Card No.	Entry Fees	HORSE			★EXHIBITOR NAME & COMPLETE ADDRESS If more than 1 exhibitor per entry, please indicate: Rider name / Class #	★TRAINER NAME/ COMPLETE ADDRESS	★TRAINER LICENSE NUMBER	★OWNER NAME & COMPLETE ADDRESS
						*** Age	Hgt.	Sex				
	HORSE NAME C L A S S N U M B E R S											
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★ SHOW, Inc. has issued the following statement: 'All class entry sheets must contain the following before a DQP will inspect an entry: 1. Horse's official name & registration number; 2. Horse's SHOW Card Number 3. Trainer's name, complete address & license number; 4. Owner's name and complete mailing address

★★ The parking permits will be mailed to the name listed in the lower left hand corner of the entry sheet. Please notify The Celebration® if you do not want your permits mailed.

★★★To obtain golf cart permit operator must furnish written Certificate of Liability Insurance listing the make, model and ID number of the vehicle and policy expiration date. Operator must possess a valid driver's license.

The Celebration® reserves the right to refuse any entry form and/or entry due to incomplete or incorrect information on the entry form.

THE CELEBRATION® IS AFFILIATED WITH SHOW, INC.

Must be completed and signed by Trainer, Exhibitor or Agent

I, the undersigned, on my own behalf of any principal for whom I may be an agent, actual or apparent, enter the above named horses subject to all the rules and regulations of the show and of any organization with whom the show is affiliated. I/We hereby waive all claims against the Tennessee Walking Horse National Celebration® of any type whatsoever, whether the same be for damages, loss, loss of value or reputation or any other claim of any type for loss to myself/ourselves, the horse exhibited, any vehicle, any other article, or to any other person under my/our supervision and control. I/We specifically waive any claim that may arise from exclusion of any horse from showing because of compliance or attempted compliance with any State or Federal law, any regulations thereunder, or any regulations issued by an affiliating organization. I/We also waive any claims arising out of errors involving book or record keeping. If not signed, the first entrance into the ring as an exhibitor shall be construed as acceptance of this and all other Celebration® rules.

Please give mailing address

TRAINER, AGENT OR EXHIBITOR NAME (please print) _____
(PREMIUM AND/OR REFUND CHECK AND WILL BE ISSUED TO THE ABOVE NAME)

SOCIAL SECURITY # OR TAX ID # FOR ABOVE NAME _____
(TAX INFORMATION WILL BE REPORTED TO THE IRS TO THE ABOVE NUMBER)

TRAINER LICENSE NUMBER (if applicable) FOR ABOVE NAME _____

STREET OR R.F.D. _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME TELEPHONE # _____ MOBILE TELEPHONE # _____

EMAIL ADDRESS _____

TRAINER'S, AGENT'S OR EXHIBITOR'S SIGNATURE REQUIRED _____

★★Mail Parking Permit(s) Yes _____ No _____

EXHIBITOR PARKING PERMITS * @ \$ 95.00 each \$ _____

★★★ GOLF CART PERMITS * @ \$ 25.00 each \$ _____

STALLS* BARN 1-22 & 25-31 @ \$ 275.00 each \$ _____

BARN 23-24 & 32-45 @ \$ 235.00 each \$ _____

BARN 46-60 @ \$ 190.00 each \$ _____

MISCELLANEOUS* (TACKS, PORCHES, ETC) @ \$ _____ each \$ _____

PLEASE TOTAL ALL *TAXABLE FEES Sub-Total \$ _____

ADD SALES TAX (.0975 x SUBTOTAL) Sales Tax \$ _____

ENTRY FEES (Not Taxable) @ \$30 @ \$110 @ \$120 @ \$210 @ \$220 @ \$2,020 \$ _____

GROUNDS FEE/PER HORSE (Not Taxable) @ \$ 50.00 each \$ _____

Check _____ Cash _____ CR. CD. VCODE _____ AMOUNT DUE \$ _____

Cr. Cd # _____ Exp. _____ PAID \$ _____

Name on Cr. Cd. _____

Phone Number (for owner of card) _____ Amt Over _____ Amt Under _____

Please Return All Copies of Entry Form. We Will Return One Copy For Your Receipt.

For Internal Use Only