

No. \_\_\_\_\_  
For Internal Use Only

**ENTRY FORM - TENNESSEE WALKING HORSE NATIONAL CELEBRATION®**  
AUGUST 23 - SEPTEMBER 2, 2023

MAIL ENTRY FORM &  
PAYMENT TO:  
The Celebration®  
P.O. Box 1010  
Shelbyville, TN 37162

Date \_\_\_\_\_

**PRELIMINARY ENTRIES MUST BE RECEIVED NO LATER THAN 5:00 PM, TUESDAY, AUGUST 1, 2023**  
HORSES THAT ARE 15 YEARS OLD OR OLDER WILL BE RECOGNIZED AS "CLASSIC HORSES" IN THE PROGRAM.

PLEASE READ RULES IN PREMIUM BOOK

*OWNER NAME & COMPLETE ADDRESS	TRAINER NAME & COMPLETE ADDRESS	TRAINER LIC #	FOAL DATE	HORSE NAME & REGISTRATION #	BACK # Assigned by Office	COGGINS NO. (ACCESSION # & DATE)	Class # (Indicate split preference)	*EXHIBITOR NAME & ADDRESS If more than 1 exhibitor per entry, please indicate: Rider name / Class #.

\*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. Trainer's name, complete address & license number  
 3. Owner's name and complete mailing address  
 4. Riders name and complete mailing address  
 \*\*The parking permits will be held at the Barn Office for pickup.  
 To obtain a 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) \_\_\_\_\_  
 (PLEASE COMPLETE PRIZE MONEY DISBURSEMENT FORM AND ATTACH)  
 TRAINER LICENSE NUMBER (if applicable) FOR ABOVE NAME \_\_\_\_\_  
 STREET OR R.F.D. \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 CELL # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**TRAINER'S, AGENT'S OR EXHIBITOR'S SIGNATURE REQUIRED:**  
 \_\_\_\_\_

\*STALLS & PERMITS INCLUDE TAX  
 EXHIBITOR PARKING PERMITS @ \$125.00 each  
 GOLF CART PERMITS (COPY OF INSURANCE REQUIRED): @ \$75.00 each  
 BARNES 1-23 & 25-32 & 35 STALLS @ \$403.00 each  
 TACK @ \$403.00 each  
 PORCHES @ \$403.00 each  
 BARNES 41, 43 & 44 STALLS @ \$348.00 each  
 TACK @ \$348.00 each  
 PORCHES @ \$348.00 each  
 BARNES 47, 50, 52, 56 & 60 STALLS @ \$260.00 each  
 TACK @ \$260.00 each  
 PORCHES @ \$260.00 each  
 INSPECTION FEES/PER ENTRY: @ \$30.00 each @ \$5.00 each  
*Performance Entry is \$30.00 Per Entry Inspection Fee. All Flat Shod Entries are charged an initial \$30.00 Inspection fee for the first entry, and \$5.00 for each subsequent entry.*  
 GROUNDS FEE PER HORSE: @ \$75.00 with stalls @ \$190.00 w/out stalls  
 ENTRY FEES: EQUITATION @ \$30 PRELIMINARY @ \$135 PRELIMINARY RIDERS CUP @ \$145  
 CHAMPIONSHIP @ \$250 CHAMPIONSHIP RIDERS CUP @ \$260 STAKE CLASS @ \$2,510  
 SHAVINGS: @ \$7.50 each  
 STALLING WITH:

INDIVIDUAL PAYING ENTRY FEES: Required by HPA Regulations, § 11.22 Records required and disposition thereof

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_ PAID BY CARD (3% CARD FEE): \_\_\_\_\_ PAID BY CASH: \_\_\_\_\_ PAID BY CHECK#: \_\_\_\_\_ \$ \_\_\_\_\_ AMOUNT DUE