

No. _____
For Internal Use Only

ENTRY FORM - TENNESSEE WALKING HORSE NATIONAL CELEBRATION®

AUGUST 21 - AUGUST 31, 2024

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, JULY, 23, 2024.
HORSES THAT ARE 15 YEARS OLD OR OLDER WILL BE RECOGNIZED AS "CLASSIC HORSES" IN THE PROGRAM.

PLEASE READ RULES IN PREMIUM BOOK

OFFICE USE ONLY	*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 #.

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.

TRAINER, AGENT OR EXHIBITOR NAME (please print) _____
(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: _____

THE CELEBRATION® IS AFFILIATED WITH SHOW, INC.
*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 Celebration® reserves the right to refuse any entry form and/or entry due to incomplete or incorrect information on the entry form.

STALLS & PERMITS INCLUDE TAX	TOTAL QTY.	PRICE	SUBTOTAL
EXHIBITOR PARKING PERMIT		\$250.00	
GOLF CART PERMIT (COPY OF INS REQUIRED)		\$100.00	
BARN 1-23, 25-32 & 35: _____ STALLS _____ TACK _____ PORCHES		\$403.00	
BARN 41, 43 & 44: _____ STALLS _____ TACK _____ PORCHES		\$348.00	
BARN 47, 50, 52, 56 & 60: _____ STALLS _____ TACK _____ PORCHES		\$260.00	
GROUND FEE PER HORSE WITH STALLS		\$75.00	
GROUND FEE PER HORSE NO STALLS		\$190.00	
INSPECTION FEES/PER ENTRY		\$30.00	
INSPECTION FEES/PER ENTRY		\$5.00	
Performance Entry is \$30 per inspection. All Flat Shod entries are \$30 ins fee for the first entry and \$5 for each subsequent entry.			
EQUITATION ENTRY FEE		\$30.00	
PRELIMINARY ENTRY FEE		\$135.00	
PRELIMINARY RIDERS CUP ENTRY FEE		\$145.00	
CHAMPIONSHIP ENTRY FEE		\$250.00	
CHAMPIONSHIP RIDERS CUP ENTRY FEE		\$260.00	
STAKE CLASS ENTRY FEE		\$2,510.00	
SHAVINGS		\$8.00	
INDIVIDUAL PAYING ENTRY FEES: Required by HPA Regulations, § 11.22 Records required and disposition thereof			GRAND TOTAL

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