No.	
_	For Internal Use Only
Date	

## 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

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

	*OWNER NAME & COMPLETE ADDRESS	TRAINER NAME & COMPLETE ADDRESS	TRAINER LIC #	FOAL DATE		ORSE NAME & EGISTRATION #	BACK # Assigned by Office	COGGINS NO. (ACCESSION # & DATE)	Class # (Indicate split preference)	*EXHIBITOR NAM If more than 1 exhibitor per entry, please	
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N	Must be completed and signed by Trainer, Exhibitor or Agent.					*STALLS & PERMITS I	NCLUDE TA	X*	TOTAL QTY.	PRICE	SUBTO
I	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 an 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										
r,	egulations of the show and of any organization with	whom the show is affiliated. I/We hereby waive a	enter the above han	ned horses subject to the Tennessee Walkin	o all the rules and				1	\$250.00	
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