

# 2024 CELEBRATION FALL CLASSIC

October 31 - November 2, 2024

## Premium Disbursement Form

Premium Check  
Made Payable to: \_\_\_\_\_  
(Full Name as filed on IRS Tax Forms)

Name of Stable: \_\_\_\_\_

Name of Trainers in this Stable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***We will send your Statement by email.***

Email Address: \_\_\_\_\_

**Social Security Number or Federal Tax Identification Number:**

**NO PREMIUMS WILL BE ISSUED WITHOUT THIS INFORMATION**

I acknowledge that I am fully authorized to receive the premium referenced above. I understand that all prize money will be mailed, in the form of a check, to the address listed above.

Signature

Date

Printed Name

**Winnings, less any entry or fee amounts owed The Celebration® will be paid by check drawn to the order of the name listed above.**

**Payments will be processed during the show through November 8<sup>th</sup>, 2024.**

**All premium checks will be mailed.**

**The Celebration® accepts all Credit Cards for an additional 3% fee.**

**Thank you**