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 - THE CELEBRATION® FALL CLASSIC

## OCTOBER 14-16, 2010 FAX 931.684.5949 SHELBYVILLE, TN 37162

**All entries must be made by 7:00 PM each evening except for the first four classes. Those entries must be made 30 minutes prior to the class.**

No. _____

Date _____

This Box For Internal Use Only

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

| Below space for internal use only. | ★Registered Name of Horse<br>Class Numbers Under Name<br>(one class per block, space provided for 6 classes per horse) | ★Horse Registration No. | COGGINS NO. (Accession #) & DATE | ★Horse S.H.O.W. Card No. | Entry Fees | HORSE<br>★★★★ Age | Hgt. | Sex | ★EXHIBITOR NAME & COMPLETE ADDRESS<br>If more than 1 exhibitor per entry, please indicate: Rider name / Class # | ★TRAINER NAME & COMPLETE ADDRESS | ★TRAINER LICENSE NUMBER | ★OWNER NAME & COMPLETE ADDRESS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | HORSE NAME<br>CLASS NUMBERS | | | | | | | | | | | |
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★ SHOW, Inc. has issued the following statement: 'In order for the DQP to inspect horses, all class entry sheets must contain the following information: 1. Horse's official name & registration number; 2. Horse's SHOW Card Number, if applicable; 3. Trainer's name, address & license number; 4. Owner's name and address (Owner of record at TWHBEA). 5. Exhibitor's name and 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® FALL CLASSIC IS AFFILIATED WITH SHOW, INC.

**Must be completed and signed by Trainer, Exhibitor or Agent** **Please give mailing address**

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)_____
(REFUND CHECK AND WILL BE ISSUED TO THE ABOVE NAME)

SOCIAL SECURITY # OR TAX ID # FOR ABOVE NAME _____
(TAX INFORMATION MAY 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 * _____ @ $ 25.00 each $ _____

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

PLEASE TOTAL ALL *TAXABLE FEES Sub-Total $ _____

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

STALLS - FOR SHOW (tax already included) _____ @ $ 50.00 each $ _____

NIGHTLY (tax already included) _____ @ $ 20.00 each $ _____

MISCELLANEOUS* _____ @ $ _____ each $ _____

MISCELLANEOUS* _____ @ $ _____ each $ _____

ENTRY FEES (Not Taxable) _____ @ $20 _____ @ $60 _____ @ $70 $ _____

GROUNDS FEE/PER HORSE (Not Taxable) _____ @ $ 10.00 each $ _____

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

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

**Name on Cr. Cd.** _____

**Phone Number** (for owner of card) _____

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

Amt Over_____ Amt Under _____

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