

GERMANTOWN CHARITY HORSE SHOW
 June 6-10, 2017—entries received by 1:00 p.m. on the day of
 the class will receive a \$10 per class discount!
TWH/RACKING HORSE ENTRY BLANK

MAIL ENTRIES TO:
 GCHS
 220 Farrar Rd
 Shelbyville, TN 37160
 615-604-4616 cell—615-346-0290 work
 GCHSmanager@gmail.com

Important: The USDA requires the complete address information for the rider/handler, owner or trainer. Each horse must also have its own back number. Post Office addresses are not acceptable. Optional: Complete email addresses and cell phone # to receive WHOA show information or updates.

Back # _____ Name of Horse: _____ Registration # _____

Class #	Exhibitor Name	Class #	Exhibitor Name	Class #	Exhibitor Name

OWNER

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 WHOA/RHBAA # _____
 CELL PHONE _____
 EMAIL _____

TRAINER

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 WHAT/RHBAA # _____
 CELL PHONE _____
 EMAIL _____

EXHIBITOR

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 WHOA/RHBAA # _____
 CELL PHONE _____
 EMAIL _____

EXHIBITOR

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 WHOA/RHBAA# _____
 CELL PHONE _____
 EMAIL _____

I hereby certify that every horse is eligible as entered and sound and I agree to abide by the rules of the HIO. All decisions of the show will be final. Exhibitor, trainer or agent must sign entry blank or class sheet. If not signed, the first entrance into the ring as an exhibitor shall be construed as acceptance of this and all other show rules. The show will not be responsible for any accident or theft occurring at this show. OWNER OF RECORD IS SUBJECT TO BE VERIFIED THROUGH TWBEA, THE OFFICIAL BREED REGISTRY.

 Signature of Trainer, Agent or Exhibitor

PAYMENT METHOD: Check Credit Card

Acct _____

Exp Date _____ Sec Code _____

Signature _____

TOTAL CLASS FEES

_____ Stalls (on or before May 5) @ \$140 _____
 _____ Stalls (after May 5) @ \$200 _____
 _____ Grounds Fee (no stall) @ \$15 per day _____
 _____ DQP Fee @ \$6 per class _____
 _____ Office Fee @ \$20 per horse _____
 _____ Post Entry Fee @ \$10 per horse _____
 _____ RV Hookup @ \$250 _____
 _____ Box Seats @ \$250 _____
TOTAL FEES _____

PRIZE MONEY TO BE PAID TO:

Name: _____

SSN or Tax ID _____

Mailing Address: _____

Phone: _____

City/State/Zip: _____