

GERMANTOWN CHARITY HORSE SHOW

June 4-8, 2024—entries received by 1:00 p.m. on the day of the class will receive a \$20 discount!

TWH/RACKING HORSE ENTRY BLANK

MAIL ENTRIES TO:
GCHS
Mark Farrar
220 Farrar Rd
Shelbyville, TN 37160
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 17) @ \$165 _____

_____ Stalls (after May 17) @ \$210 _____

_____ Grounds Fee (no stall) @ \$15 per day _____

_____ DQP Fee @ \$6 per class _____

_____ Office Fee @ \$25 per horse _____

_____ Box Seats @ \$300 _____

TOTAL FEES _____

PRIZE MONEY TO BE PAID TO:

Name: _____

SSN or Tax ID _____

Mailing Address: _____

Phone: _____

City/State/Zip: _____