

# GERMANTOWN CHARITY HORSE SHOW

**June 2-6, 2026**—entries received by 1:00 p.m. on the day of the class will receive a \$20 discount!

NON-USEF ENTRY BLANK

**MAIL ENTRIES TO:**  
 GCHS  
 Mark Farrar  
 220 Farrar Rd  
 Shelbyville, TN 37160  
 gchsmanager@gmail.com

OFFICE USE	NAME OF HORSE	REG #	YR FOALED	SEX	BREED	HEIGHT	COLOR	
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$
	RIDER/DRIVER/HANDLER		CLASS	CLASS	CLASS	CLASS	CLASS	ENTRY FEES
			FEE	FEE	FEE	FEE	FEE	\$

I hereby enter the above horses and riders at my own risk and subject to the rules and regulations of the Show. I further agree that if any damage is occasioned or loss occurs to the horses exhibited, to any vehicle or other articles which I may send with said horses, I will make no claim therefore against the Germantown Charity Horse Show or any participating organizations. SIGNATURE \_\_\_\_\_

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TRAINER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**RIDER 1** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**RIDER 2** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

**PRIZE MONEY TO BE PAID TO:**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone \_\_\_\_\_

SSN or Tax ID \_\_\_\_\_

<b>TOTAL CLASS FEES</b>		_____
_____ Horse & Tack Stalls @ \$165	On or before May 15	_____
_____ Horse & Tack Stalls @ \$210	After May 15	_____
_____ Grounds Fee (no stall) @ \$15/day		_____
_____ Non-Showing Horse @ \$150		_____
_____ Office Fee @ \$30 per horse		_____
		_____
<b>TOTAL FEES</b>		_____

<b>PAYMENT METHOD</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
_____ Acct # _____	
_____ Exp Date	_____ Sec. Code
_____ Signature of cardholder _____	

<b>EMERGENCY CONTACT #</b>
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<b>STABLE WITH</b>
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