

MUST SUBMIT COPY OF COGGINS AT CHECK-IN! Health Certificate required for all out-of-state horses. Dated within 30 days of the show.

**Pre-entry – before 9/18/2023 – POST ENTRY 9/19/2023
Show week is 9/23 - 10/1**

Office Fee			<u> </u> \$25.00
Prelim Class Fee (pre-entry)	<u> </u> x \$35 =	<u> </u>	
Prelim Class (post-entry)	<u> </u> x \$45 =	<u> </u>	
Versatility (excluding dressage) pre	<u> </u> x \$25 =	<u> </u>	
Versatility (excluding dressage) post	<u> </u> x \$35 =	<u> </u>	
Versatility "Show All" (excluding dres)	\$120 =	<u> </u>	
Champ Class Fee	<u> </u> x \$45 =	<u> </u>	
DQP Fee	<u> </u> days x \$12 =	<u> </u>	
Stall (pre-entry) week 9/23-10/1	<u> </u> x \$200=	<u> </u>	
Stall (post-entry) week 9/23-10/1	<u> </u> x \$225 =	<u> </u>	
Early arrival or late departure day (arrival before 9/23 – departure after 10/1)	<u> </u> x \$30 =	<u> </u>	
Less than 5 days (per day)	<u> </u> x \$40 =	<u> </u>	
Bedding (pre-entry)bale	<u> </u> x \$7.50 =	<u> </u>	
Bedding (at show) bale	<u> </u> x \$10 =	<u> </u>	
Grounds fee (no stall) per day	<u> </u> x \$25 =	<u> </u>	
Horse Subtotal		\$ <u> </u>	

**MAIL TO: The NWA National Show
11691 CR 1200 - Malakoff, TX 75148
Secretary: Paula Sue Swope -
(903) 286-2125 – paulasueswope@gmail.com
POSTMARKED no later than 9/3/2023**

Stall reservations –

Contact Matt Janisch, janischmatt1@gmail.com

Camper reservations –

Contact Mag Ranft, magranft@hotmail.com (614) 946-7046

RV Hook-up (pre-entry) week 9/23-10/1	<u> </u> x \$275=	<u> </u>
RV Hook-up (post-entry) week 9/23-10/1	<u> </u> x \$300=	<u> </u>
RV 3 or less days \$40 per day (pre-entry)	<u> </u> x \$40=	<u> </u>
RV early or late \$40	<u> </u> x \$40=	<u> </u>
Youth Membership	<u> </u> x \$25=	<u> </u>
Individual Member	<u> </u> x \$75=	<u> </u>
First time Member 2 yr	<u> </u> x \$125=	<u> </u>
Family Membership	<u> </u> x \$125=	<u> </u>
First Time Family Membership 2 yr	<u> </u> x \$210=	<u> </u>
Lifetime Membership	<u> </u> x \$500=	<u> </u>
Sponsorship/Donation		\$ <u> </u>
Misc. Fees Subtotal		\$ <u> </u>

Release and Waiver

A signed blank check payable to NWA is required before back numbers will be issued. The show office will close 1 hour following class #226. Prior to the evening session on Saturday Oct 1st, all open accounts/incomplete show bills, will be considered final and will be completed by show management with an assessed service fee of \$20.00 for each entry/back number covered on the account/open check.

As owner, agent or guardian, I certify that the information provided on this entry form is correct and I agree to indemnify and hold harmless The NWA, the National, DQPs and the Tennessee Miller Coliseum, the managers and their respective agents, contractors, officers, employees, directors, shareholders and assigns from all responsibility to horses, persons, and/or equipment arising from any connection with this show. It is understood and agreed that participants will be solely responsible for any consequential or other loss, injury, or damage incurred while participating in this event

WARNING: Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.

Signature: _____ Date _____

Every rider must sign a release! Exhibitors showing in youth status must have a parent or authorized adult sign this Release on behalf of said minor.



The NWA National Horse Show Sept 24-30 2023

TN Miller Coliseum 304 W. Thompson Lane Murfreesboro, TN 37129

CURRENT NWA MEMBERSHIP IS REQUIRED TO EXHIBIT

Sponsoring Organization: The National Walking Horse Association P.O. Box 12430 Reading, PA 19612

Additional Horses for Owner: _____

HORSE BACK NUMBER _____

Horse's Name _____ Reg# & Assn _____ Breed _____ Foal Date _____ Sex _____

Horse Stable Location (*circle one*) Trainer, Owner, Payee address below- If different please enter here _____

Coggins Horse Name _____ Coggins Date _____ Accession # _____ Lab _____

HORSE BACK NUMBER _____

Horse's Name _____ Reg# & Assn _____ Breed _____ Foal Date _____ Sex _____

Horse Stable Location (*circle one*) Trainer, Owner, Payee address below- If different please enter here _____

Coggins Horse Name _____ Coggins Date _____ Accession # _____ Lab _____

HORSE BACK NUMBER _____

Horse's Name _____ Reg# & Assn _____ Breed _____ Foal Date _____ Sex _____

Horse Stable Location (*circle one*) Trainer, Owner, Payee address below- If different please enter here _____

Coggins Horse Name _____ Coggins Date _____ Accession # _____ Lab _____

HORSE BACK NUMBER _____

Horse's Name _____ Reg# & Assn _____ Breed _____ Foal Date _____ Sex _____

Horse Stable Location (*circle one*) Trainer, Owner, Payee address below- If different please enter here _____

Coggins Horse Name _____ Coggins Date _____ Accession # _____ Lab _____

