Indiana Celebration Entry Form BACK #_____

HORSE NAME _____

OWNER _____

TRAINER_____

THURSDAY

Class Number	Rider Name	Amateur Number	Fee
	FRIDAY		
Class Number	**Rider Name**	**Amateur Number**	**Fee**
	SATURDAY		
Class Number	**Rider Name**	**Amateur Number**	**Fee**

The Indiana Walking Horse Assoc. Muncie Light Horse Club, Henry Co Saddle Club, National Walking Horse Assoc., nor any members of said clubs are held liable in any way, in case of accident. Judges and DQP decisions are final. The entry form will signify your agreement to the above. I accept the term above.

Signed_____ **Date**_____