

ONE MULE/DONKEY PER ENTRY FORM **2025 American Mule & Bluegrass Festival Mule Show**SHOW DATE: **9/26 - 9/27, 2025**LOCATION: **Shelbyville, TN**

BACK # _____

REG # _____

HORSE'S NAME: _____

Foal Date: _____

Sex must be indicated

Donkey	Mule	T/L Donkey	Gaited Mule	Gaited Donkey	Jack	Gelding	Jennet	John	Molly
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OWNER _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE # _____

MEMBERSHIP # _____

EXP: _____

EMAIL: _____

By act of entering this event : owners, leasees, and exhibitors agree that the American Mule & Bluegrass Festival, NASMDA, AMMA, Watson Horse Shows, LLC, Cooper Steel Arena, the Celebration, event management, event grounds, event committee/personnel, volunteers, and event sponsors will not be held responsible for loss, injury, damage or debts in connection with this event. I understand that under Tennessee law, an equine sponsor or equine professional, or any other person, including corporations and partnerships are immune from liability for the death or injury of a participant, which resulted from the inherent rise of equine activities (pursuant to Tennessee Code Annotated, title 44, chapter 20). By entering the facility, you voluntarily assume all risk and agree that you will not hold associations, facility, show committee/personnel liable for any resulting illness, injury or loss.

SIGNATURE: _____

Date _____

1. Open Exhibitor Name _____

ID # _____

Birthdate: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to Owner _____

Put class number(s) in boxes below for this exhibitor.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Amateur Exhibitor Name _____

ID # _____

Birthdate: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to Owner _____

Put class number(s) in boxes below for this exhibitor.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Youth Exhibitor Name _____

ID # _____

Birthdate: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to Owner _____

Put class number(s) in boxes below for this exhibitor.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU HAVE STALLS?

Yes

No (check one)

DO YOU HAVE A TACK STALL?

Yes

No

FOR OFFICE USE ONLY

Stalls Per Day _____ @ \$ 20/day = \$ _____

Office fees _____ @ \$ 10 = \$ _____

Tack Stall Per Day _____ @ \$ 20/day = \$ _____

Entry Fees before 7/31/25 _____ @ \$ 20 = \$ _____

Barn Porch Per Day _____ @ \$ 20/day = \$ _____

Entry Fees after 7/31/25 _____ @ \$ 25 = \$ _____

Show Ticket -- 1 Day @ \$ 10 = \$ _____

Pullers Fee/Team _____ @ \$ 20 = \$ _____

Show Ticket --2 Days @ \$ 15 = \$ _____

NASMDA Fee per Equine 1 @ \$ 3 = \$ 3

Shavings _____ Bags @ \$ 8 = \$ _____

Total Column 1 \$ _____

Total Column 2 \$ _____

Payment to: American Mule & Bluegrass Festival--Deadline: 7/31/25**Cash or Check # = \$ _____****Mail to: Watson Horse Shows, PO Box 324, Cave Springs, AR 72718 or email: watsonhorseshow@gmail.com**

Credit Card # _____ Exp. ____/____ Security # _____

4% Credit/Debit Card Transaction Fee will be added.

