TWHBEA®
Tennessee Walking Horse Breeders' & Exhibitors' Association℠

GO! GELDING OPPORTUNITIES

Gelding Opportunities Program

LOG FORM

Gelding Name: _____ Registration #: _____

Owner/Rider: _____ Membership #: _____ Phone: _____

NAME OF SHOW/EVENT	*DATE*	*JUDGE'S NAME/HIO*	*CLASS*	*PLACE*	*SHOW MANAGER*

Program Year: **Oct. 1, 2024 - Sept. 30, 2025** • Postmarked/Due by **Oct. 15, 2025** Owner Signature: _____