

SWCDA Entry Form

1950 Hwy 283 S, Throckmorton, Tx. 76483

Name of Trial _____

Handler _____

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Dog's Name: _____ Age: _____ Class _____ Day 1 2 3 4

Fee: \$100 Per dog per class. Optional 3 day Average per dog/class \$200

Amount Paid: _____

Complaints may be submitted to the SWCDA Board of Directors within 30 days of occurrence.

Statement of Responsibility:

I confirm the dog, handler/owner is eligible for the classes entered, and that I have read and understand the rules. I also agree to abide by the SWCDA rules.

Handler agrees to assume liability for any damages to persons, property or stock inflicted by the above named dogs to include medical bills, replacement costs, meds, and other costs incidental to the event. I also agree to hold the landowner, its representatives, and SWCDA representatives and anyone connected with the event, blameless in any incident or accident resulting in injury to myself and my

Signature _____ Date _____

