

SWCDA Finals Entry Form

Handler_____

Owner of any dog not belonging to handler_____

Dog's Name:_____Age:_____Class_____

Dog's Name:_____Age:_____Class_____

Dog's Name:_____Age:_____Class_____

Dog's Name:_____Age:_____Class_____

Dog's Name:_____Age:_____Class_____

Dog's Name:_____Age:_____Class_____

Number attending Awards Meal @ \$20/person _____

Fee: \$300 Per dog per class.

Amount Paid:_____

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 animal.

Signature_____Date_____