

SWCDA Finals Entry Form

1950 Hwy 283 S, Throckmorton, Tx. 76483

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: \$200 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 _____