SWCDA Maturity Entry Form

1950 Hwy 283 S Throckmorton, Tx. 76483

Handler	Owner	
Dog's Name	Age:	
Paid by: Check	Cash:	
Address (If check to be m	nailed)	
Statement of Responsibi	ility	
liability for any damages to include medical bills, r agree to hold the landow	to persons, property, or stock inflic replacement costs, meds, and other oner, its representatives, and the SV	costs incidental to the event. I also
Signature		Date:
Please be sure to incl payment of \$350	lude a copy of your dog's registrati	on papers along with this form and

Handler and owner of dog must be a member of SWCDA in good standing.