

3 Shy Cattledog Trial Entry Form

Mail to: 655 CR 357 Dublin TX 76446

Handler_____

Name:_____Age:_____Class_____Day 1 2

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Name:_____Age:_____Class_____Day 1 2

Name:_____Age:_____Class_____Day 1 2

Name:_____Age:_____Class_____Day 1 2

Fee: \$120 per dog per class per day (unless otherwise stated in the flyer). 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_____