

## Southwest Cattledog Association Maturity Entry Form

Handler:					
Owner:					
Dog's Name:				Dog's Age:	
Paid by:	Check:	Cash:			
Address:					
	City:		State:	Zip:	
Statement of Respons	ibility:				
liability for any damage includes medical bills, agree to hold the lando	es to persons, prope , replacement costs owner, its represent	ole for the classes enter erty or stock inflicted by s, medication and other atives and the SWCDA ny incident resulting in i	the above na costs incide representativ	amed stockdog. This ntal to the event. I res and anyone	
Signature:Da			Date:	ate:	
****Please be sure to i payment of \$ 350.00**		ur dog's registration pa	pers along w	ith this form and	

Southwest Cattledog Association c/o Shauna Dillard 2194 RR 39 S Milnesand, New Mexico 88125 swcda.secretary@gmail.com

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