

NAME OF CLUB OR PERSON(S) SPONSORING THIS EVENT: NMSDA – NEW MEXICO STOCK DOG ASSOCIATION			
DATE OF EVENT: AUGUST 24–25 2019	ENTRIES CLOSE ON: JULY 15 2019	AT: 5PM MST	
MAKE CHECK OR ONEY ORDERS PAYABLE IN US FUNDS TO: FREE TO BE RANCH TRIAL ACCOUNT			
SEND TO THE TRIAL SECRETARY	NAME: GERI ABRAMS		
	ADDRESS: PO BOX 782		
	CITY: MOUNTAINAIR	STATE: NM	ZIP: 87036-0782

#### ELIGIBILITY

All dogs nine months of age or older are eligible to participate in Herding Trials and JHD. Dogs classified as Herding Dogs in AHBA are eligible for Herding Test (HCT) and may participate at six months of age or older. No dog may be entered in two classes on the same course with the same kind of stock under the same judge at any Test/Trial. Bitches in season shall run in drawn running order without adjustment.

#### IMPORTANT. READ THIS BELOW BEFORE SIGNING.

In consideration for participating in an event sanctioned by the American Herding Breed Association (AHBA), I agree to assume all responsibility for any claim, loss or damage, of whatever kind or nature, whether to person or property, which may be caused at or near this event, either directly or indirectly, by me or the dog or dogs I have entered in or brought to this event. I further agree that I will hold the AHBA, its officers, directors, agents, members, NMSDA, Free To Be Ranch, Geri Abrams or any of its agents and property owners harmless and defend them from any and all liability for any injury, claim, damage or loss, of whatever kind or nature, whether to person or property, caused at or near this event, whether directly or indirectly, by me or any dog I have entered in or brought to this event. I agree to indemnify the AHBA, its officers, directors, agents, members, NMSDA, Free To Be Ranch, Geri Abrams or any of its agents and property owners might be subject as a result of any claim, suit, loss or damage caused in any way by any act or negligence on my part or on the part of any dog or dogs I have entered in or brought to this event. I acknowledge that while AHBA may provide sanctioning for this event with regard to issuing titles, it does not have and does not exercise control over the conduct of the event or those present. I agree to pay the replacement cost of livestock for and sheep injures of killed. Replacement cost per head of sheep is \$350.00.

I CERTIFY and represent that the dog or dogs I have entered in or brought to this event is/are not a hazard to other dogs, other animals, or to people.

I CERTIFY that I am the actual owner of the dog or that I am the duly authorized agent of the actual owners whose name I have entered. In consideration of the acceptance of this entry, I (we) agree to abide by the Rules and Regulations of the AHBA in effect at the time of this Herding Test or Trial or both, and further agree to be bound by the agreement printed above. The entry is submitted on the foregoing representation and agreement.

Signature of Owner and/or Agent: \_\_\_\_\_

PLEASE ENTER ONE DOG PER ENTRY FORM. DOG CALL NAME \_\_\_\_\_

HTAD – 40.00    HTD – 40.00    HRD – 40.00                      ENTER ALL CLASSES WITH SAME DOG COST 90.00 PER DOG PER PAY

CLASS	AUGUST 24 2019			AUGUST 25 2019		
	HTAD SHEEP	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	I <input type="checkbox"/>	II <input type="checkbox"/>
HTD SHEEP	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>
HRD SHEEP	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>
JDH	LEG I <input type="checkbox"/>				LEG 2 <input type="checkbox"/>	
TOTAL FEES ENCLOSED:						

**NOTE:** A dog must be entered in the name of the person(s) who actually owns it at the time entries are made for the Herding Test or Trial.

#### A REGISTRATION OR TRACKING NUMBER MUST BE INCLUDED

Actual Owner(s):			
Address:			
City:	State:	Zip:	Country:
Telephone:		Email:	
Agents Name (if applicable):		Telephone (Agents only)	
Email (Agents only)			
Full Name of Dog:			
Registration OR Tracking Number		Registry:	DOB
Place of Birth	<input type="checkbox"/> USA	<input type="checkbox"/> Canada	<input type="checkbox"/> Other
Breed:	Variety:		Sex:
Breeder:			
Sire:			
Dam:			