

NMSDA USBCHA JUNE TRIAL



JUNE 20 - 21, 2020

TRIAL SANCTIONED USBCHA AND NMSDA – CLASSES OPEN, NURSERY, OPEN RANCH, RANCH AND NOVICE

JUDGE TBD

TRIAL LOCATION – FREE TO BE RANCH – 54 CURANDERA RD, MOUNTAINAIR, NM, 87036

FOR INFO, DIRECTIONS, LODGING GO TO WEB PAGE www.ftbranch.com

ENTRIES OPEN POSTMARK MAY 19, 2020 . ENTRIES CLOSE AND MUST BE POSTMARKED NO LATER THAN JUNE 11, 2020. NO REFUNDS AFTER JUNE 11, 2020 3PM MST. LATE ENTRIES MAY BE ACCEPTED BETWEEN JUNE 12, 2020 AND JUNE 19, 2020 FOR A LATE FEE OF \$10.00 PER HANDLER. DAY OF ENTRIES MAY BE ACCEPTED IF SPACE IS AVAILABLE FOR A \$5.00 PER RUN FEE.

OPEN - \$40.00 NURSERY - \$30.00 OPEN RANCH - \$30.00 RANCH - \$30.00 NOVICE - \$30.00

DOGS NAME	CIRCLE CLASS	CIRCLE DATE	# RUNS	CLASS FEE	\$ TOTAL PER DOG
_____	OPEN NUR OR RANCH NOV	20 21	____ X	\$ _____ =	\$ _____
_____	OPEN NUR OR RANCH NOV	20 21	____ X	\$ _____ =	\$ _____
_____	OPEN NUR OR RANCH NOV	20 21	____ X	\$ _____ =	\$ _____
LATE FEE					\$ _____
TOTAL					\$ _____

MAKE CHECKS PAYABLE TO : NMSDA

MAIL ENTRIES TO : NMSDA – PO BOX 782 – MOUNTAINAIR – NM – 87036

HANDLER NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WAIVER OF RESPONSIBILITY:

I AGREE TO HOLD FREE TO BE RANCH, GERI ABRAMS, ANY EMPLOYEE, AND/OR PROPERTY OWNER, HARMLESS FROM ANY AND ALL CLAIMS FOR THE LOSS OR INJURY WHICH MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON, DOG, LIVESTOCK, OR THING WHILE IN OR AROUND THE PROPERTY/TRAINING AREA, OR NEAR THE ENTRANCE THERETO AND I ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ANY SUCH CLAIM. I FURTHER AGREE TO HOLD THE AFOREMENTIONED PARTIES HARMLESS FROM ANY AND ALL CLAIMS FOR DAMAGES OR INJURIES TO THE DOG(S) OR PERSON(S) INCURRED DUE TO NEGLIGENCE OF ANY OF THE AFOREMENTIONED PARTIES, OR BY THE NEGLIGENCE OF ANY OTHER PERSON OR OTHER CAUSE OR CAUSES. IN CASE OF INJURY TO ANY LIVESTOCK I WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL DAMAGES. I WILL PAY REPLACEMENT COST FOR ANY LIVESTOCK KILLED, SERIOUSLY INJURED, OR THE MEDICAL BILLS IF SUCH IS REQUIRED. SHEEP COST \$350.00

SIGNED _____ DATE _____