

# New Years Point Pleasant Sheep Dog Trial

Open Judge, Sat.: Joan Cudd

Open Judge, Sun.: Judy Loflin

Two Open Trials, Jan. 12 & 13, 2019 ~ USBCHA Sanctioned  
Nursery, USBCHA Sanctioned & Pro Novice Classes, Mon. Jan. 14, 2019

DATES SUBJECT TO CHANGE DUE TO WEATHER

Trial Location: 11555 Hein Rd., Elk Grove, CA 95757

- Open Class ~ \$55.00 per run, third dog by separate check based on number of entries which may be limited.
- Nursery ~ \$40.00 per run, two runs
- Pro Novice Class ~ \$45.00 per dog, one run, number of entries may be limited.
- **Entries must be postmarked between Dec. 24, 2018 and Dec. 29, 2018. No refunds after closing date.**
  - Information call or email: Tom or LisAnn, 916.798.3811, [www.boundless1959@aol.com](mailto:www.boundless1959@aol.com) or visit our web site: [www.pointpleasantranch.com](http://www.pointpleasantranch.com).
  - RV & DRY Camping available, weather permitting.
  - Mail entry form & check payable to: L. Spencer, 11555 Hein Rd., Elk Grove, CA 95757

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Dog	Class	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

### Release:

I (We) certify that I(We) am(are) the owner or duly authorized agent of the owner(s), of the dogs, entered above. I(We) agree to hold Tom Spencer & LisAnn Spencer, Dave Tucker, the trial committee, agents, any employees and Point Pleasant Ranch, the properties where the trial is held, and parking fields, harmless from claim for loss or injury which may be alleged to have been caused directly or indirectly to any person, dog, stock or thing by the act of this dog(s), while in or upon the trial area, or near any entrance thereto, and I(We) assume all responsibility and liability for any such claim. I(We) further agree to hold the aforementioned parties harmless from any claim for damages or injuries to the dog(s) incurred due to negligence of or any of the aforementioned parties, or by negligence of any other person or any other cause or causes. In case of injury to any stock by the dog(s), I(We) will assume financial responsibility for any damages. I(We) will pay the full market value of any animal killed, seriously injured, or the veterinarian bill if so required.

Signature (Owner, Handler or Agent) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_