**ENTRY FORM**

Robson Valley Sheep Dog Trial

**September 14, 15, 16, 2018**

**2265 Red Tail Rd, McBride, BC**

**Judges: Dale Montgomery – Open & Pro-Novice**

**Lisa Wright – Novice Novice**

**Novice-Novice Class:** $40 per run (2 runs available)

**Nursery Class**: $55 per run (2 runs available) (Birthday on or before July 1, 2016)

**Pro Novice**: $55 per run (2 runs available)

**Open**: $65 per run (2 runs available)

**SORRY, NO CROSS ENTRIES BETWEEN CLASSES.**

**NOTE: BC Residents who are not members of the BCSDA must pay a $5.00 liability insurance fee per dog per run for Open and Pro-Novice runs**.

Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Dog** | **Open** | | **Pro-Novice** | | **Nursery** | | **Nov Nov** | | **Entry Fee** |
|  | **Day 1** | **Day 2** | **Day 1** | **Day 2** | **Day 1** | **Day 2** | **Day 1** | **Day 2** |  |
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**BC Resident only NON BCSDA MEMBERSHIP \_\_\_\_\_\_\_\_Runs x $5.00 = $\_\_\_\_\_\_\_\_\_\_**

**Payment must accompany entry form. TOTAL FEES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ENTRIES OPEN JULY 25, 2018 AND CLOSE AUGUST 22, 2018.* *NO REFUNDS AFTER AUGUST 22, 2018***

**TRIAL ORGANIZER RESERVES THE RIGHT TO LIMIT ENTRIES**

Cheque made payable to Jennifer L’Arrivee, Box 616, McBride, BC V0J 2E0 or e-transfer to [sheepdog@telus.net](mailto:sheepdog@telus.net)

I hereby release from liability the trial committee, the property owners and the exhibitors from any costs

incurred as a result of damage to me, my property and or my dog(s). My payment and signature acknowledge that I have read this form and that I accept liability for any cost incurred as a result of damages caused by me and/or my dog(s) to the facilities, sheep other livestock, dog(s) or persons. Replacement cost of stock is $300.00 per sheep and/or vet bills.

Signature of owner/handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian if handler is under age of 19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_