

ACTION K9 SPORTS 2017 FALL-IES SDT ~ POWAY, CA

MARCH 4 & 5, 2017 ~ USBCHA SANCTIONED ~ JUDGE: ERIN SWANSON

USBCHA Open (\$50) 300+ yard outrun, lift, fetch, drive, shed, pen
USBCHA Nursery (\$40): 200+ yard outrun, lift, fetch, drive, pen
Pro-Novice (\$40): 200+ yard outrun, lift, fetch, drive, pen

ENTRIES OPEN JANUARY 17TH, CLOSE FEBRUARY 22ND. NO REFUNDS AFTER FEBRUARY 24TH.

* No Limit on # of dogs per handler per class. *

Handler's meeting 6:45 a.m. each day. Farm flock. Courses may be changed at discretion of trial committee. Order of classes each day will be (1) Open, (2) Nursery, (3) Pro-Novice.

Directions: Hwy 67 approx. ½ mile north of Poway Road/Hwy 67 intersection (stoplight). Trial field on the east, down a steep driveway. Please comply with posted parking notices. Do not go through gate to house area.

For more information, please contact Terry Parrish at terry@actionk9sports.com or 760/739-8673.

Make checks payable to: **Action K9 Sports**

Mail entries to: Terry Parrish, 15671 Old Milky Way, Escondido, CA 92027

Dog's Name	Sat	Sun	Class	Fees
Total				\$

I (We) certify that I (we) am (are) the owner or duly authorized agent of owner(s), of the dogs, entered above. I (We) agree to hold John Doyle, Action K9 Sports, the trial committee, agents, any employees and the property where the trial is held, harmless from claim or 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 dog(s), while in or upon the trial area, or 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(s). 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 or seriously injured, or the veterinarian bill if so required.

Name:	Date
Address:	
Phone:	Email:
Signature:	