***YOUR TRIAL NAME***

**March 26-27, 2016 2 TRIALS EACH DAY**

Name of location
1234 West road City, State Zip

ENTRIES OPEN FEBRUARY 28 \*\* ENTRIES DUE BY MARCH 22, 2016

**MSSA SANCTIONED – Points & Time Arena Trial**

**DAY MONEY AND AVERAGE PRIZES AWARDED FOR TWO DAY COMBINED SCORES**

**OPEN, NURSERY, INTERMEDIATE & NOVICE CLASSES**

**ALL ON FOOT or HORSEBACK**

ENTRY FEE: $00.00/PER DOG/PER TRIAL

Please make checks payable to XXX

Please mail entries to: 1234 West Road City, State Zip

Any questions contact XXX

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dogs Name | Breed | Age | ClassO, N, I, Nov, PNov | Entry 3/26 AM | Entry 3/26 PM | Entry 3/27 AM | Entry 3/27 PM |
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O – Open N – Nursery I – Intermediate Nov – Novice PNov - ProNovice
 Total Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_

Handlers Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration that my dog(s) and I will be participating in the YOUR TRIAL NAME HERE, I understand that I am responsible for any cost incurred as a result of damage caused by me, my family or my dogs to facilities, all animals at the LOCATION NAME, equipment or people. I hereby agree that in the event of personal injury, or damage to my property or animals, I will not hold LIST NAMES, livestock owners, National Cattledog Assn., Mountain States Stockdog Association, the Trial Sponsors, stock handlers, helpers or other property owners responsible.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_