



WWKM TIME AND POINTS ENTRY FORM 2017

ENTRIES OPEN POSTMARK DATE MARCH 1, 2017. ENTRIES CLOSE POSTMARK DATE MAY 1, 2017.

NO REFUNDS AFTER CLOSING DATE 12:00 PM MST

ENTRIES MAY BE ACCEPTED AFTER CLOSING DATE IF SPOTS ARE AVAILABLE FOR A \$5.00 PER RUN LATE FEE

SHEEP

DOG CALL NAME	CIRCLE CLASS	CIRCLE RUNS	# OF RUNS	X	FEE	\$ TOTAL PER DOG
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____

CATTLE

DOG CALL NAME	CIRCLE CLASS	CIRCLE RUNS	# OF RUNS	X	FEE	\$ TOTAL PER DOG
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$100	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$100	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$100	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$100	\$ _____

GEESE

DOG CALL NAME	CIRCLE CLASS	CIRCLE RUNS	# OF RUNS	X	FEE	\$ TOTAL PER DOG
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____
_____	TOP INT PROS NURS	1ST 2ND	_____	X	\$45	\$ _____

TOTAL \$ _____

LATE FEE FOR ENTRIES POSTMARKED AFTER MAY 1, 2017 - \$5.00 PER RUN ENTERED \$ _____

_____ I WOULD LIKE TO RUN FOR THE NURSERY BUCKLE. I UNDERSTAND THAT I MAY NOT RUN FOR ANY OTHER HC BUCKLE. MY DOG DOB IS BETWEEN 12/1/2014 AND 9/1/2016. I WILL INCLUDE PROOF OF DOB ALONG WITH MY ENTRY FORM

MAKE CHECKS PAYABLE TO : NEW MEXICO STOCK DOG ASSOCIATION - NMSDA

MAIL ENTRIES TO : GERI ABRAMS – PO BOX 782 – MOUNTAINAIR – NM – 87036

HANDLER NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WAIVER OF RESPONSIBILITY:

I AGREE TO HOLD NMSDA, FREE TO BE RANCH, GERI ABRAMS, KATHIE WOODS, ANY EMPLOYEE AND OR TRIAL WORKER, 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 OF \$350.00 FOR SHEEP, MARKET VALUE FOR CATTLE AND \$50.00 FOR GEESE KILLED, SERIOUSLY INJURED, OR THE MEDICAL BILLS AND /OR REMOVAL COST IF SUCH IS REQUIRED.

SIGNED _____ DATE _____