

Sixteenth Annual Point Pleasant Sheepdog Trial

USBCA Sanctioned – Two Open Trials

Oct. 25 - 27, 2019

Open Judge: LisAnn Spencer

DOUBLE LIFT FINALS

Hosted by Tom & LisAnn Spencer, Pt Pleasant Ranch

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

OPEN ENTRIES LIMITED TO FIFTY DOGS

ENTRIES OPEN Oct. 1 & CLOSE Oct. 7, 2019.

Open Class ~ \$60.00 per class, per dog. Fri. Oct. 25 & Sat. Oct. 26, two dog limit, limited to 50 dogs.

Double Lift ***Top Ten Teams qualify for the Double Lift Finals***
Handlers Meeting Sun., Oct. 27, 9am, limit 2 dogs per handler in Finals.

BRING YOUR OWN LUNCH. Deli & Groceries about six miles from trial site.

Information call or email: LisAnn 916.798.3811, boundless1959@aol.com or Tom 916-768-3314

RV & Camping available, weather permitting. No hook ups.

Mail entry form & check payable to: L. Spencer, 11555 Hein Rd., Elk Grove, CA 95757

Dog / Class	Fee	Dog / Class	Fee
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____

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: _____