Big Bend Farm Sheepdog Trial Entry Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes Entered (please circle or mark):

- Open – Day 1  
- Open – Day 2  
- Open – Day 3  
- Nursery – Day 1  
- Nursery – Day 2  
- Nursery – Day 3

Dog 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes Entered (please circle or mark):

- Open – Day 1  
- Open – Day 2  
- Open – Day 3  
- Nursery – Day 1  
- Nursery – Day 2  
- Nursery – Day 3

Dog 3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes Entered (please circle or mark):

- Open – Day 1  
- Open – Day 2  
- Open – Day 3  
- Nursery – Day 1  
- Nursery – Day 2  
- Nursery – Day 3

Entry Fees: $45 per class entered.

Open class entries are limited to 25 dogs – first come, first serve. No limit on Nursery dogs.

Start times:  
- Open: 6:00 am  
- Nursery: 6:00 pm

To be added to the info list, please reach out to Rebecca.

Liability Release

I understand that participation in the sheepdog trial involves working with livestock and may be hazardous. I hereby release Barbara Ray and Big Bend Farm from any liability for injury or damage to myself, my dog(s), or my property while participating in this event. Furthermore, I understand that if a sheep is killed or injured by my dog, I am responsible for a replacement fee of $350.

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

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