

AMERICAN HERDING BREED ASSOCIATION
SANCTION FORM for TRIAL/TEST

SPONSOR (club or individual): _____
ADDRESS: _____
PHONE: _____ EMAIL: _____
DATE(S) OF TRIAL: _____
LOCATION: _____
JUDGE(S): _____

CLASSES OFFERED (indicate type of stock for each class):
HTD I: _____ HTD II: _____ HTD III: _____
HTAD I: _____ HTAD II: _____ HTAD III: _____ Course #: _____
HRD I: _____ HRD II: _____ HRD III: _____ mixed stock: _____
RLF I: _____ RLF II: _____ RLF III: _____ mixed stock: _____
(For HRD/RLF classes and HTAD Course 5, provide full details with course description and diagram)
JUNIOR HERDING DOG TEST: _____ HERDING CAPABILITY TEST: _____

TOTAL NUMBER OF EACH TYPE OF STOCK PRESENT:
Sheep: _____ Ducks: _____ Goats: _____ Cattle: _____ Other (type, number): _____
NUMBER OF HEAD PER GROUP: _____

DESCRIPTION OF AREA(S):
Dimensions: _____
Terrain: _____
Fencing: _____ Other: _____

STOCK SUPERVISOR: _____
COURSE DIRECTOR: _____

ENTRY LIMIT PER DAY: _____
ALL-BREED: LIMITED TO (indicate breed): _____

If applicable, Other Event Being Held Same Day: (indicate type) _____
Entry Limit for other event: _____

Sponsor's insurance carrier and policy numbers: _____

As the sponsor of an American Herding Breed Association (AHBA) sanctioned event, I/we agree to hold the AHBA, its officers, directors and members harmless and blameless and to defend them from any loss, claim, suit or damage which may occur at or as a result of this event. I/we agree to indemnify the AHBA, its officers, directors and members from any loss, damage, claim or expense, including attorneys fees and costs, which may in any way arise or result from this event. I/we have read the AHBA Herding Program pertaining to this event and agree to abide by said Rules. I/we agree that although I/we will abide by said Rules, control over the conduct of the event and those present is solely mine/ours and not that of the AHBA.

I/we acknowledge that recording fees, recording forms and the Report Form are due within 30 days after the event, and a fine of \$10 per day will be assessed for forms and recording fees submitted after the 30-day period.

Dated: _____
(signature of trial secretary/sponsoring individual)

(print name)

Contact name, tel. & email if different from sponsor's: _____