

REGISTRATION FOR TRAINING CLASSES
GREAT SALT LAKE DOG TRAINING CLUB, INC

PLEASE PRINT

CHECK _____ CASH _____ MEMBER _____

NAME OF HANDLER _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____ AGE OF DOG _____

DOGS NAME _____ BREED _____

CLASS ENTERED _____ TIME _____ IF TRAINER IS CHILD, AGE _____

HOW DID YOU FIRST LEARN OF THESE CLASSES _____

I hereby acknowledge that the GREAT SALT LAKE DOG TRAINING CLUB is free from any responsibility for accident or injury during training classes and I agree to abide by all rules and regulations of the Training Club.

SIGNED _____