

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 \_\_\_\_\_