

CHUCKANUT DOG TRAINING ASSOCIATION, INC.

APPLICATION FOR ENROLLMENT IN OBEDIENCE OR RALLY TRAINING CLASSES

This form is PRINT and fill in by hand. Then mail to address below.

Name of Handler:			
	uiei.		
Address:			
City, State:			Zip:
Phone:	Name of Dog:		Age of Dog:
Breed:	Color:		
inoculations ag is, to the best o class and that t Dog Training As Department res The instructor r Signature (han TUITION	R OR HANDLER OF THE ABOVE DO ainst DISTEMPER, INFECTIOUS HE of my knowledge, a HEALTHY DOG he dog is not a hazard to persons association, Inc., its members, class sponsible for any claim of loss or reserves the right to dismiss any consider, owner, or parent of handler displayed by the second se	PATITIS, PARAINFLUENZA, PARV i. I also agree that I will abide by or other dogs. Further, I agree r instructors, or the Bellingham I injury during the classes and/or dog or handler from the class if d if under 18 yrs of age)	OVIRUS, and RABIES, and the rules of the training not to hold The Chuckanut Parks and Recreation on the training grounds. deemed necessary. Date:
Please r	nake checks payable to CDTA and Obedience Classes, 2185 Squalicu	I mail registration to:	
CDTA US	E ONLY		
☐ Pupp	ease check those that apply. by Obedience class Cobedience	☐ Introduction to Competiti☐ Other:	on & Rally Obedience
PAYMEN	IT TYPE: □ Cash □ Check #	AMOUNT PAID: \$	