



2008 Enrollment Form
AGILITY CLASSES
 1.888.637.9595
 www.sportsmens.net
 1930 Tobsal Court, Warren, MI 48091

AGILITY I - INTRO

Wed 8:30 PM • \$105/6 wks

Jan 9 Mar 5 Apr 23 Jun 4
 Jul 23 Sep 10 Oct 29

NOTE: To enroll in Intro, dogs must know sit and down stays, be non-aggressive and have a reasonably reliable recall off leash.

AGILITY II

Wed 7:30 PM • \$75/6 wks

Jan 9 Mar 5 Apr 23 Jun 4
 Jul 23 Sep 10 Oct 29

AGILITY III

Wed 6:30 PM • \$75/6 wks

Jan 9 Mar 5 Apr 23 Jun 4
 Jul 23 Sep 10 Oct 29

Drop In price of \$15 with approval of instructor.

HANDLER & DOG INFORMATION (PLEASE PRINT)

Name of Handler/Owner			Phone	Handler Age if under 18:
Address			Dog's Name	Breed
City	State	Zip	Dog's Date of Birth or Approx Age	Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email			NOTE: If you have a dog that is aggressive around other dogs or people, please speak with the Training Secretary or Training Director before enrolling.	
Comments				

CHECKLIST

<input type="checkbox"/> Copy enclosed of your dog's proof of vaccination record from your veterinarian. Dogs attending classes must have: 1) A negative stool check for intestinal parasites within six months of the first night of class, 2) Must be current on vaccines and rabies (rabies not required for puppies under 6 mo). Certified titers are also accepted. Bordatella is suggested but not required.	<input type="checkbox"/> Payment enclosed or Credit Card number and your signature. <input type="checkbox"/> Be sure to sign release below. <i>If you are a returning student within the past 6 months you do not need to show health info again.</i>
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PAYMENT INFORMATION

Check payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input checked="" type="checkbox"/> Check or Money Order	Credit Card # _____	Exp Date _____
	Cardholder Name _____	Amount \$ _____
	Signature <u> X </u> _____	

I hereby release Sportsmen's Dog Training Club of Detroit, Inc. and the Trainer from all liability from damage to my person or property whatever the cause. I also agree to abide by all Rules and Regulations as set forth by Sportsmen's Dog Training Club of Detroit, Inc.

Signature X _____ Date _____

MAIL THIS FORM WITH PAYMENT TO: PO Box 1124, Birmingham, MI 48012