



2012 Enrollment Form PUPPY • BEGINNER • CANINE GOOD CITIZEN

1-888-637-9595
www.sportsmens.net
1930 Tobsal Court, Warren, MI 48091

1 CLASS SELECTION - Check the class you are enrolling in. Circle your start date.

PUPPY K & S.T.A.R.

- Mon 9:00 AM • \$95/6 wks (Puppy K)**
Jan 9 Mar 12 May 14
Jul 23 Sep 17 Nov 5
- Mon 6:30 PM • \$105/7 wks (S.T.A.R.)**
Feb 6 Apr 2 Jun 4
Aug 6 Oct 8
- Thur 6:30 PM • \$95/6 wks (Puppy K)**
Jan 12 Mar 15 May 10
Jul 12 Sep 13 Nov 1

BEGINNER OBEDIENCE

- Mon 10:00 AM • \$125/8 wks**
Jan 2 Mar 5 May 7
Jul 16 Sep 17
- Mon 7:30 PM • \$125/8 wks**
Jan 30 Mar 26 May 21
Jul 30 Oct 1
- Thur 7:30 PM • \$125/8 wks**
Jan 5 Mar 8 May 3
Jun 28 Aug 30 Oct 25

CANINE GOOD CITIZEN

- Mon 11:00 AM • \$105/8 wks**
Jan 2 Mar 5 May 7
Jul 16 Sep 17
- Thur 8:30 PM • \$105/8 wks**
Jan 5 Mar 8 May 3
Jun 28 Aug 30 Oct 25

2

Name of person handling the dog in this class.			Phone	Handler Age if under 18
Street			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			How did you hear about us? <input type="checkbox"/> Ad In Paper <input type="checkbox"/> Friend Referral <input type="checkbox"/> Vet Referral <input type="checkbox"/> Prev trained with us	
Comments				

3 CHECKLIST

- Enclose copy of your dog's proof of vaccination from your veterinarian. Dogs must have: 1) A negative stool check for intestinal parasites within 6 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 encouraged but not required.
- Payment enclosed or Credit Card # and your signature.
- Be sure to sign release below.

Even if you attended a previous class you need to resubmit Vet info.

PLEASE NOTE: If you have a dog that is aggressive around other dogs or people, you must speak with the Training Secretary or Training Director before enrolling.

4 PAYMENT INFORMATION

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

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: 159 Pilgrim, Birmingham, MI 48009-1254 **