



2010 Enrollment Form
PUPPY K • BEGINNER • CGC
 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 6:30 PM • \$90/6 wks (S.T.A.R.)**
 Feb 15 Apr 19 Jun 14
 Aug 16 Oct 11
- Thur 6:30 PM • \$90/6 wks (K)**
 Jan 21 Mar 25 May 20
 Jul 22 Sep 9 Nov 4
- Wed 9:00 AM • \$90/6 wks (K)**
 Jan 20 Mar 24 May 19
 Jul 21 Sep 8 Nov 3

BEGINNER OBEDIENCE

- Mon 7:30 PM • \$125/8 wks**
 Feb 1 Apr 5 Jun 7
 Aug 9 Oct 11
- Thur 7:30 PM • \$125/8 wks**
 Jan 7 Mar 11 May 6
 Jul 8 Sep 2 Oct 28
- Wed 10:15 AM • \$125/8 wks**
 Jan 6 Mar 10 May 5
 Jul 7 Sep 1 Oct 27

CANINE GOOD CITIZEN

- Thur 8:30 PM • \$100/8 wks**
 Jan 14 Mar 11 May 6
 Jul 8 Sep 2 Oct 28
 - Wed 11:15 AM • \$100/8 wks**
 Jan 6 Mar 10 May 5
 Jul 7 Sep 1 Oct 27
- New!* **ADVANCED PUPPY**
- Mon 8:30 PM • \$125/8 wks**
 Aug 9 Oct 11

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| | | | | |
|--|-------|-----|---|---|
| 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 suggested 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 DO need to resubmit Vet info.*
- 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.**

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 ****