



2010 Enrollment Form
AGILITY
 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.*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> INTRO TO OBSTACLES
Wed 8:30 PM • \$110/6 wks
Jan 6 Feb 17 Apr 7
May 26 Jul 14 Aug 25
Oct 13 | <input type="checkbox"/> FOUNDATION
Wed 8:30 PM • \$80/6 wks
Jan 6 Feb 17 Apr 7
May 26 Jul 14 Aug 25
Oct 13 | <input type="checkbox"/> SUB-NOVICE
Wed 7:30 PM • \$80/6 wks
Jan 6 Feb 17 Apr 7
May 26 Jul 14 Aug 25
Oct 13 | <input type="checkbox"/> ADVANCED
Wed 6:30 PM • \$80/6 wks
Jan 6 Feb 17 Apr 7
May 26 Jul 14 Aug 25
Oct 13 |
|---|--|--|--|

2 HANDLER & DOG INFORMATION *(please print)*

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
Email		Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments		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	

3 CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> 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. | <input type="checkbox"/> Payment enclosed or Credit Card # and your signature. |
| <input type="checkbox"/> Be sure to sign release below. | |

Even if you attended a previous class you DO need to resubmit Vet info for Intro to Agility.

NOTE: Aggressive dogs are NOT allowed in Agility classes. To be admitted to Intro class, dogs must know sit, down, stay and have an OFF LEASH RECALL in a distracting environment.

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 ****