

NASSAU DOG TRAINING CLUB
Registration

BEGINNERS 6:45
BEGINNERS 7:15
PRE-NOVICE 7:45
NOVICE I 8:15
NOVICE II 8:45

DATE _____

Please print all information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Dogs Name _____

Breed _____

How did you hear about us? _____

Signature _____ **Date** _____

Do not write below this line

Payment
Cash _____ Check _____ Check # _____

Bank Name _____ Location _____ Zip _____

Health record checked Yes _____ No _____

Person taking registration _____