

# K9 Learning Center Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ (circle one) Home Work Cell

Phone #2 \_\_\_\_\_ (circle one) Home Work Cell

Email Address \_\_\_\_\_

We will NOT sell or share your email address with anyone!

Dog's Call Name \_\_\_\_\_ Dog's Age \_\_\_\_\_

Dog's Breed (or best guess) \_\_\_\_\_

Class Name \_\_\_\_\_

Class Day \_\_\_\_\_ Class Time \_\_\_\_\_

Please briefly explain your previous training experience, (if any), and your reasons for taking this class:

---

---

---

---

For Office Use Only

Date Received \_\_\_\_\_ Date Confirmed \_\_\_\_\_