

K9 Learning Center Registration

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____

Phone #2: _____

Email address: _____

Dog's call name: _____ Dog's age: _____

Dog's breed (or best guess) _____

Class name: _____

Class: _____ Time: _____

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

For office use only