

Orlando Dog Training Club, Inc.

Owner's Name _____

Address _____

Phone _____

Home Work/Cell

Email _____

Name of Dog _____ Age _____

Breed _____

Where did you hear of our training program?

I hereby certify that the above dog has a current rabies vaccination. I, the undersigned, release ODTC, Inc. and Central Florida Fairgrounds from any and all injuries/damages inflicted on my dog and/or myself occurring during training periods on the premises.

Signature _____

Registration for Training Classes

CLASS NIGHTS

Tuesday

Wednesday

7:00 to 8:00

7:00 to 8:00

8:10 to 9:10

8:10 to 9:10

CLASSES AVAILABLE

Puppy Kindergarten Older Puppy & Beginner

Crate Games Pet Tricks Canine Good Citizen

Jump Skills Utility Directed Jumping

Scent Articles Versatility I Versatility II Rally

Instructor _____

Paid by Cash _____

Paid by Check _____

Date _____

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