

**DFWTC Class Enrollment Form Class**

**Fall**

**Spring**

**Winter**

**Beginner**

**Intermediate**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Rabies \_\_\_\_\_ (date last received, please include copy of certificate)

NOTE: The area where training will be is open field, please use precaution with your dog and have them on Flea/Tick prevention.

What is your main objective in taking the tracking class?

What other titles has your dog already earned?

What other dog events have you participated in?

I will not hold DFWTC, its officers, other members, other participants, or any facility, public or private where a DFWTC event may be held, responsible for any injury, loss, or death to myself, my dog(s), my property, or anyone accompanying me. I will be responsible for myself, my dog(s) and anyone accompanying me including children.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_