

DFWTC Class Enrollment Form Class

Fall

Spring

Winter

Beginner

Intermediate

Certificate

Advanced

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: _____