

CHUCKANUT DOG TRAINING ASSOCIATION, INC.

**APPLICATION FOR ENROLLMENT IN OBEDIENCE OR RALLY
TRAINING CLASSES**

Name of Handler: _____

Address: _____ **City, State:** _____ **Zip:** _____

Phone: (____) _____ **Name of Dog:** _____

Age of Dog: _____ **Breed:** _____ **Color:** _____

AS THE OWNER OR HANDLER OF THE ABOVE DOG, I AGREE: that the above named dog has CURRENT inoculations against DISTEMPER, INFECTIOUS HEPATITIS, PARAINFLUENZA, PARVOVIRUS, and RABIES, and is, to the best of my knowledge, a HEALTHY DOG. I also agree that I will abide by the rules of the training class and that the dog is not a hazard to persons or other dogs. Further, I agree not to hold The Chuckanut Dog Training Association, Inc., its members, class instructors, or the Bellingham Parks and Recreation Department responsible for any claim of loss or injury during the classes and/or on the training grounds. The instructor reserves the right to dismiss any dog or handler from the class if deemed necessary.

Date **Signature (handler, owner, or parent of handler if under 18 yrs of age)**

TUITION

\$95.00 per class

\$85.00 per class for members of CDTA, Inc.

- Please make checks payable to CDTA.
- Please mail registration to 1489 Lahti Dr., Bellingham, WA 98226

CDTA USE ONLY

CLASS:

_____ Puppy Kindergarten _____ Basic Obedience _____ Advanced Obedience

_____ Rally Obedience _____ Other: _____

PAYMENT TYPE:

_____ Cash _____ Check

AMOUNT PAID: \$ _____