

**Registration Form** 

DMKC.org Please **Print Clearly** and Fill in all information.

Session
Class
Instructor

For Office

Use:

PO Box 218 Carmel Valley CA 93924 Q21\_20Q\_0/15

Fill in the form and download to your computer. Then send it as an attachment to Betsy Vobach train.dmkc@gmail.com.

Instructor

831-308-0415	Pre-registration	required for Puppy, Ad	ult Beginning, Inte	ermediate 1, Trick Dog and R
train.dmkc@gmail.con	n			
Owner				
Name				
Address				
City, State, Zip				
Phone _	( )		Email	
Is this the first time you	ı have enrolled a dog	g in obedience classes?	Yes	☐ No
Place you trained befor	·e			Trained here before
Dog				
Call Name				
Breed				
Date of Birth				
Sex	Male Neu	itered Male	Female	Spayed Female
Shy or Easily Frig	htened: Yes	Red	quired	Send proof of vaccinations  Along with this form when registering
Unfriendly towa	rd dogs: Yes	Ral	oies Date Due	
Unfriendly toward	people: Yes			
Has bitten so	meone: Yes	DH	LPP Date Due:	
A copy of your dog's vacc	inations for rabies and	d DHLPP must accompar	ny your registratio	n.
I (WF) agree to hold the D	al Monte Kennel Club	its members or agent h	armless from any o	claim for loss or injury which r
· · · · · ·		_	-	Ve) further agree to hold the
_				ny causes while in or upon the
training grounds or premi	ses or near any entran	ce thereto.		
I (Ma) have read the Del I	Monto Konnol Club's "(	Obodioneo Class Dog and	l Handlar Etiquatta	s" naligy and agree to abide by
these rules.	violite kelillei Club's (	Duedience class dog and	i nanulei Etiquette	e" policy and agree to abide b
these rules.				
No refunds will be given a	ifter first class. No vide	otaping or camera allow	ed except official p	photographer.
<b>.</b>				
Signature			5 .	
(Owner/Handler)			Date:	
For Office Use:			¢2E coming abo	argo for returned sheeks
			323 SEI VICE CHO	rge joi recurried checks
•		Check #		
•				
For Office Use:  Cash \$ Check \$ Square \$		Check # Authorization	\$25 service cha	arge for returned checks