Saccarappa Obedience Club Class Registration Form

Indicate the class you are registering for: Class Start Date:// Class names, start dates and times can be found at socdogs.com Please enter name and time of the class(es) you would like to register for:	
	Please print BE FILLED FOR REGISTRATION
Name:	TO BE I ROCESSED
Address:	
Phone:	
Email:	
Dog's Name:	Breed:
Dog's Age: Are all shots current?	□YES □NO
Veterinarians Name & Phone Number:	
understand that attendance of a dog obedience training family or guests who may attend, or my dog, because so to control and may be the cause of injury even when had In consideration of the acceptance of my application to indemnify, hold harmless, waive and release Saccaragagents from any and all clams by myself, members of	ty to those person attending dog obedience classes, I dog class is not without some risk to myself, members of my ome of the dogs to which I will be exposed my be difficult andled with the greatest amount of care train with Saccarappa Obedience Club, I hereby agree to ppa Obedience Club, its trainers, officers, members and f my family or persons accompanying me to any training tile in the building, on the grounds or surrounding area, as
Signature of owner or authorized agent:	
(In case of minor, parent or legal guardian must sign)	Payment is due in full with Registration to have your spot held for class:
	Check is Included (\$)
Name and address of owner: (if different from above)	
Cinnetows (a) of anyone with both words the deep	Mail registration to: S.O.C. c/o Drema Shaw PO Box 1395

Westbrook, ME 04092

Signature(s) of anyone who will help work the dog:

(In case of minor, parent or legal guardian must sign)