



Clermont County Dog Training Club Class Registration

www.ccdtc.org

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Cell: _____ E-Mail: _____

Name of Class _____ Start Date: _____ Start Time: _____

Dog's Name: _____ Breed: _____ Age: _____

Class Type	Cost	Quantity	Total	Records Enclosed	Records on File
8 Week Non Member	\$105.00				
6 Week Non Member	\$80.00				
8 Week Non-Member second session with same dog	\$95.00				
6 Week Non-Member second session with same dog	\$72.00				
Member class fee, all sessions	\$15.00				
Checks payable to CCDTC					

Shot Records

A signed statement from your vet that your dog has all the vaccinations that your breed requires and is current and your dog is in good health. Call if you have questions: (513) 625-4337 or Email either the obedience registrar at ccdteobregistrar@gmail.com or the agility registrar at seadragon80@aol.com (see reverse side)

Release

I hereby release and agree to hold harmless the Clermont County Dog Training Club Inc., its instructors, trustees and officers from any personal injury or damage or injury to any dog owned by me, including any liability, cost or expenses associated with the foregoing, arising-out-of, or during training classes sponsored by CCDTC, inc.

In Addition, I understand that it is my responsibility as a trainee to keep my dog(s) under control at all times before, during, and after classes, and to refrain from the use of harsh or abusive training methods at any CCDTC Inc. activity. Failure to comply with the above may result in loss of training privileges and forfeiture of monies paid.

Signature(s) of all adult trainees **Note: If trainee is a minor, then parent or guardian must sign.** Date: _____

Mail completed form and records to:

CCDTC Registrar (Note on envelope: obedience, rally, therapy or agility)

6058 Kells Lane

Milford, OH 45150

(Checks payable to CCDTC)



Clermont County Dog Training Club Class Registration

www.ccdtc.org

Class confirmations will be by-email or phone shortly before starting date or you may call 513-625-4337 option 3.

How did you hear about the training classes at CCDTC?

Newspaper Veterinarian Friend Other _____

******For Office use Only*

Health certificate received _____

Fee received : \$ _____ *Check #:* _____

Mail completed form and records to:
CCDTC Registrar (Note on envelope: obedience, rally, therapy or agility)
6058 Kells Lane
Milford, OH 45150
(Checks payable to CCDTC)