

## Clermont County Dog Training Club Class Registration

Please Print-I have to be able to read email address to send confirmation

Preferred Phone:	E-Mail: ase give email. Nee tart Date: Breed: year, includes on, includes \$20	) discount Please bring s in good health,	T be shared)
Dog's Call Name:  Class Type  All Classes for Non-Members  Members Price  Further classes (for same dog), in the same calendar  First class for rescue dog within 6 months of adoption proof of adoption to first class.  CCDTC Requires a simple signed statement from your veis current on all vaccinations required by this county (Rabies) at the health of the dog.  The Health Statement form is on the same web page.  Payment to CCDTC MUST be received with registres.  Class confirmations will be e-mailed or called shortly before.	E-Mail:ase give email. Need art Date: Breed: year, includes on, includes \$20	Class Time: Age: \$15 discount O discount Please bring S in good health,	Cost \$105.00 \$25.00 \$90.00
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Class confirmations will be e-mailed or called shortly before	e as the class	schedule.	
·	ation to confirm	n a spot	
No Florida de allacondida dos bollellos e De conserva final alexandra	ore starting date.		
No Flexi leads allowed in the building. Dogs come first class  Bring small treats that your dog likes	EXCEPT for obed	lience classes.	
For Obedience or Rally class questions, call Page: (513) 239-3303	or email at mailto:co	edtcregistrar@gmail.com	
For Agility class questions, call Carol: (513) 502-2700 or email at ma	ilto:ccdtcagilityregi	strar@gmail.com	
Release By signing the Registration form, I hereby release and agree to hold trustees and officers from any personal injury or damage or injury to associated with the foregoing, arising out of, or during training class. In addition, I understand that it is my responsibility as a trainee to ke classes, and to refrain from the use of harsh or abusive training met result in loss of training privileges and forfeiture of monies paid.	any dog owned by es sponsored by Co ep my dog(s) unde	me, including any liability, cost of CDTC, Inc. r control at all times before, during	or expenses
Signature of trainee Note: If trainee is a minor, then parent		Date:	

Mail completed form and records to: CCDTC Registrar (Checks payable to CCDTC), 6058 Kells Lane. Milford, OH 45150 Please mark on envelope AGILITY or OB/RALLY Health certificate received