



BEST FRIENDS DOG CLUB

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Initials	_____

20__ Training Class Enrollment Form

OWNER NAME: _____ **RCSC#** _____ **EXP** _____
 Home Address _____ Sun City, AZ 853 _____
 Phone# (623) _____ Cell# _____ Emergency# _____
 Emergency Contact Person(s) _____
 Allergies/Health/Medications Instructor needs to be aware of: _____
EMAIL: _____
DOG'S NAME: _____ Male _____ Female _____
 Breed/Mix: _____ Size: _____ Age _____
 Previous Training: _____
 Problems: _____

RCSC REQUIREMENTS FOR CLASS: Handler Must Have Current RCSC Rec Card and be a member of Best Friends Dog Club.

Rabies # or Copy of Certificate within past 3 years: _____ Exp. Mo. __ Yr. ____
 License # from Maricopa County or Home State: _____ Exp. Mo. __ Yr. ____

TRAINING CLASSES: Select only one class per enrollment form. Cost is \$30.00 per class.

(Class Length 6 weeks – **Classes usually begin on Wednesday after registration**)

(Puppy Class-age 10 weeks to less than 6 months – Proof of 2 sets of required puppy shots)

Beginning Obedience _____ Basic Agility _____ Puppy Class _____
 Intermediate Obedience _____ Basic Rally _____ Class Time/Day _____

*Agility _____ * Rally _____ **(sign up for team)**

Team #1 _____ Enroll same as last class
 Team #2 _____ Enroll same as last class
 Team #3 _____ Enroll same as last class

Drill Team _____ (no charge for Drill Team if you are taking Rally or Agility class)

I understand that classes are held in the presence of other dogs and their owners/handlers & that the participation of my dog & myself in training will require some physical activity on our part. This activity can involve running, jumping, & the use of obstacles such as tunnels, scaling planks, jumps & tires which could result in injury to me, my dog or others.

I represent that my dog & I are in good health & in the physical condition necessary to participate in the activities for which we are enrolled. I further represent that my dog is friendly & not a hazard to people or other dogs.

That I am participating at my own risk & will not hold "RCSC", it's Board of Directors, the training staff, BFDC Officers, or owners of others dogs liable for any loss, injury, illness, expense or hardship that may arise in connection with my participation in the activity. I further agree to assume full responsibility & liability for any & all damage caused by my dog or myself.

Signature of Owner _____ Date _____

Signature of Handler(if different) _____ Date _____

Check website: bestfriendsdogclub.org for training schedules. Multiple classes may be paid on one check made out to BFDC. DO NOT pay dues and training on same check! Mail your training fee and class enrollment forms to the address below: Attention: BFDC VP, Training Director:
 Pat Estok, VP, Training Director 11155 W. Cameo Drive Sun City, AZ 85351

623-583-0891 – email – sasypf@earthlink.net