



WINNEGAMIE DOG CLUB, INC.

Trick Dog Class Registration Form (Virtual Class)

Please mail the completed registration form and class fee to the address on the bottom of the page.

PLEASE PRINT

Handler name: _____

Address: _____

Phone: _____

Email: _____

Handler age (if under 18) _____

Membership status: WDC member
 WDC active member
 Non-member

DOG INFORMATION

Name of dog: _____

Breed of dog: _____

Age of dog: _____ Sex of dog: _____

VACCINATION INFORMATION

Not required for virtual/online classes.

Check the WDC webpage for current schedule.

Please check the class you are registering for:

Trick Dog - Virtual \$65.00

Live Zoom Class Day/Time:

Day: Wednesdays Time: 6:00pm

Dates: January 20 – February 24, 2021

How long have you owned the dog?

List classes previously taken:

List any goals or tricks you want to learn:

Does your dog have any Trick Dog titles? (either through AKC, DMWYD, or another organization)

Method of payment: check # _____ cash Date paid: _____ Received by: _____

Amount received: _____ Note, if check is returned as NSF, a \$35.00 fee will apply.

IMPORTANT INFORMATION – PLEASE READ AND SIGN BELOW

I hereby acknowledge and agree that any injury or damage inflicted by any dog owned or trained by me at any Winnegamie Dog Club, Inc. training class is my responsibility and shall not be the responsibility of the dog club or result in any liability to the club, its instructors or assistant instructors. I further acknowledge and agree that no other club member, instructor, or any other person of the Winnegamie Dog Club, Inc. shall be responsible or liable for injury or damage to any person, or for the loss of or injury to my property. I fully understand that the Winnegamie Dog Club and its members and instructors accept and assume no responsibility for the action of the animals being trained by them, which may result in liability. I agree to observe and be bound by the obedience training rules aforementioned by the Winnegamie Dog Club, Inc. and hereby acknowledge and accept receipt of the Training Regulations.

Handler signature: _____ Date: _____

Parent signature: _____ Date: _____

(Required if handler is under 18 years old)

Please mail this form and a check or money order made payable to "WDC" to:

Chelsea Wood
708 Metoxen Ave.
Kaukauna, WI 54130