

**RETRIEVER CLASS
CLASS ENROLLMENT FORM**

Handler Name: _____
Information:

Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email Address: _____

Dog Name: _____ Breed: _____ CKC Reg: Yes No
Information:

Male Female Spayed/Neutered Age: _____

Date of Last Vaccination: _____ Vet Clinic: _____

Previous Training (if any)

Levels Completed: _____

Club or Instructor: _____

Signature

Date