# ANDERSON OBEDIENCE TRAINING CLUB, INC.
# AKC SCENT WORK CLASS ENROLLMENT FORM

Member of the American Kennel Club

**PRINT CLEARLY AND COMPLETE ALL ITEMS:**

Enrollment Date _____

8-Week Session Beginning: ☐ March ☐ May ☐ August ☐ October

Indicate Class Level ☐ Beginner ☐ Intermediate ☐ Advanced

Paid_____ ☐ Cash ☐ Check # _____ (Payable to Anderson Obedience Training Club. There will be a $20. charge for returned checks.)

Dog Owner Name _____Phone # _____

Name of dog handler in class if different than owner _____

Street Address _____

City _____St. _____Zip _____

E-Mail _____

Dog's Name _____Sex ☐ M or ☐ F

Breed of Dog _____ AKC # (if applicable) _____

Make checks payable to: Anderson Obedience Training Club, Inc.
8-week session cost: $100. Pay on First night of class. There will be a $20 charge for returned checks.

To pre-enroll send form only. Pay for session on the first night of class.
ANDERSON OBEDIENCE TRAINING CLUB, INC.
c/o Cheryl Stigall
4595 E US Highway 40
Straughn, IN 47387

Questions? Email Cheryl Stigall: c.stigall@yahoo.com

In joining the classes of the Anderson Obedience Training Club, Inc. for the purpose of receiving instruction in scent work training, any payment by me shall be considered dues for an 8-week probationary membership. I hereby assume all risks and responsibility for accidents and/or damage to myself and/or my property or to others resulting from the actions of my dog. I hereby agree that no instructor, member, officer or director of the Anderson Obedience Training Club, Inc. shall be held liable under any circumstances for injury and/or damage.

Signature of Enrollee _____

Parent or guardian signature if enrollee is under age 18 _____