



_____	Paid
_____	Confirmed

Little Rock Dog Training Club- Session 1 Application
August 15- October 7, 2010
Orientation: August 10, 2010- 7:00 PM

Participants submitting application materials prior to orientation will receive an e-mail (or postal mail) confirmation and class assignment information. Classes are limited and fill up on a first come, first serve basis. Class fees cannot be refunded after the first regular class. **Classes are subject to change based on enrollment and instructor availability.**

HANDLER INFORMATION	
Name	
Address	
City	
State	
Zip Code	
Home Phone	
Alternate Phone	
E-Mail Address	
Referred By	
Are you currently a dues-paying member of the LRDTTC?	

DOG INFORMATION	
Dog's Name	
Dog's Gender	
Dog's Breed	
Dog's Date of Birth	
Date of Most Recent Rabies, Distemper, Hepatitis, Lepto, Parvo, and Corona Inoculation	

CLASS INFORMATION				
Cost	Class	Day	Time	Order of Choice*
\$70.00	Puppy Kindergarten	Sunday	3:00 PM –4:00 PM	
\$70.00	Puppy Kindergarten	Tuesday	7:00 PM – 8:00 PM	
\$95.00	Beginner Obedience	Sunday	2:30 PM – 3:30 PM	
\$95.00	Beg. Obedience/CGC	Sunday	3:30 PM - 4:30 PM	Repeat class is free
\$95.00	Beginner Obedience	Monday	7:00 PM – 8:00 PM	
\$95.00	Beginner Obedience	Tuesday	6:45 PM – 7:45 PM	
\$95.00	Beginner Obedience	Thursday	10:00 AM - 11:00 AM	
\$95.00	Beginner Obedience	Thursday	6:45 PM – 7:45 PM	
\$95.00	Beginner/Obstacles	Tuesday	6:30 PM – 7:30 PM	
\$65.00	Sub-Novice	Tuesday	7:00 PM – 8:00 PM	
\$65.00	Sub-Novice	Wednesday	7:00 PM – 8:00 PM	
\$65.00	Handling I Agility	Tuesday	6:30PM - 7:30PM	

* Class size is limited. Please specify your order of choice by indicating "1st Choice" and "2nd Choice" in the designated space above.

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION, I (we) agree to hold this club, its Members, officers, agents and any employees of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim.

Signature _____ Date _____

Please mail application and check to: Janice Gray, LRDTTC Training Director; PO Box 56694 Little Rock, AR 72215