

## THE DOG TRAINING CLUB OF BERMUDA Application for CANINE GOOD CITIZEN six week course "TEACHING YOU TO TRAIN YOUR DOG"

Name:		License	License Number:	
Mailing Address:				
Telephone: Home	Work	E-Mail		
Breed of Dog:		Name of Dog:		
Age of Dog (birth date if known): _		_ Sex: M F Spaye	ed/Neutered: Y N	
In the event class is cancelled, can	you check email	an hour prior to class? Y	N	
	l dog to dog ex	sposure risk for parasites and	ending group dog training classes, d communicable diseases including and Leptospirosis.	
I am confident that my dog is head Dog Training Club of Bermuda	•	1 1 1	ipate in this class. I will not hold the	
I agree to either miss class or atterif my dog should attend I will re	-		igns of being unwell. If I am unsure natter.	
whatsoever which I or my dog "TEACHING YOU TO TRAIN	g may suffer YOUR DOG" against any c	arising out or in connecti, and I hereby agree to ind	all claims for any loss or damage on with the classes pertaining to lemnify The Dog Training Club of laims or liabilities arising from the	
DATE:	— SIGNED	: Must be signed by parent or g	guardian if handler is under 21 years old	
Spots will be filled on a first co- confirmed you will be notified w submission but will accept chequ	ome first serve whether you have ues. Payments	d basis. Once your application of the class you have must be received prior to		
· ·	Ť.	· ·	HSBC BD\$ 010-172856-001 now who/what the payment is for.	
Completed applications should be				
Fees are \$120 for DTC member	rs &dogs ado	pted from SPCA and \$140	for non-DTC members	
FOR CLUB USE ONLY:				
Dog adopted from SPCA \$120 D	C MEMBER	NON-DTC ME	MBER \$140	
CLUB MEMBER: Y N	MEMBER	SHIP FEES INCLUDED:		
CLASS FEES PAID: \$	Cash:	Cheque Number:	Transfer Date:	