

Please print this sheet. Fill out the information and bring it with you to your first night of class.



## Registration Form

**Class:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Call Name of Dog:** \_\_\_\_\_

**Breed of Dog:** \_\_\_\_\_

I, the understand, do certify that I will hold harmless Excel Dog Training, Inc. and all persons connected there within, in any capacity whatsoever, from and all liability including COVID, cost and expense for other injury or damage to persons or property cause by any dog brought by me to training classes now, or in the future, or to any other events held or sponsored by the corporation.

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Date of Rabies:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
(Parent/Gardian if under 18 years of age)

Membership in training will be granted on a first come, first serve basis. There are no refunds given. The corporation reserves all final decisions on all applications.

**Make all checks payable to: Excel Dog Training, Inc.**

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(Office Use Only)

\*Pre-Registered: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

\*Leash Number: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Tax: \_\_\_\_\_

\*Collar Number: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Tax: \_\_\_\_\_

\*Other: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Tax: \_\_\_\_\_

Total \$ Paid: \_\_\_\_\_