

Burlington County Kennel Club

Handling Class Registration Form

Class Starting Date _____ **7:00pm** _____

Handler's Name _____

Owner's Name (if different than handler) _____

Owner's Address _____

Best Phone _____ Email _____

Breed of Dog _____

Name of Dog (Call name) _____

Date of most recent vaccinations DHLPP/Booster _____ RABIES _____

Name of veterinarian and address _____

I understand that the Burlington County Kennel Club, Inc., its officers, members, the instructor of this class, and Allens Kennel will not be held liable for any injury sustained by me or my dog during training or while on the property.

(signature)

Date

Please enroll my dog in 7 weeks of classes beginning _____. Enclosed is my check made payable to Burlington County Kennel Club (\$75 for adults and \$45 for junior handlers).

NAME _____ Phone Number _____

DOG BREED _____ Class 7:00PM _____ 8:00PM _____