

TEXAS TRI-CITY OBEDIENCE CLUB, INC.
REGISTRATION FOR TRAINING CLASSES
(This is NOT an application for club membership)

OWNER and/or HANDLER _____

ADDRESS _____ PHONE _____

CITY/STATE/ZIP _____ OCCUPATION _____

EMAIL ADDRESS _____

NAME OF ANY DOG CLUBS TO WHICH YOU BELONG _____

HOW DID YOU LEARN OF TTCOC? _____

HAVE YOU EVER TRAINED ANOTHER DOG? _____ WHERE? _____

ARE YOU NOW TRAINING ANOTHER DOG? _____ WHERE? _____

DOG'S CALL NAME _____ BREED _____ AGE _____

Is your dog current on Rabies, Distemper, Parvovirus, Bordetella, and Corona shots? _____
Proof of these vaccinations must be presented for this application to be accepted. **Please mail a copy of shot record with this application to:**

Heike Carrel
TTCOC Training Secretary
2630 Verandah Ln #1313
Arlington, TX 76006

In signing this application I understand that T. T. C. O. C., Inc. is not responsible for any accidents that may occur to myself or my dog(s) or which may be caused by my dog(s) during the time I am in the building or on the premises for the purpose of training. My signature also indicates that I have read the training rules and agree to abide by them. I understand that training fees are non-refundable.

SIGNATURE _____ DATE _____

A non-refundable \$80.00 holds your place in a class.
Your registration is for the _____ Class beginning on _____.
Your full payment is due by _____.

TRAINING TIME: _____ Wednesday Beginners 6:15-7:00 pm
_____ Wednesday Intermediate/Novice 7:00-7:45 pm
_____ Wednesday Advanced/Open & Utility 7:45-8:30 pm
LOCATION: Hugh Smith Recreation Center, 1815 New York, Arlington, Tx.
TRAINING FEES: INITIAL ENROLLMENT - \$80.00 for 8 consecutive sessions
THEREAFTER - \$60.00 for 8 consecutive sessions with the same dog

(For club use only)
\$80.00 non-refundable payment received _____
\$60.00 non-refundable payment received _____
Rabies _____ Parvo _____ DHL-P _____ Corona _____ Bordetella _____ Release _____