



# TRAINING REGISTRATION FORM

PLEASE COMPLETE THIS FORM AND EMAIL TO:

[training@lawrencevillekennelclub.org](mailto:training@lawrencevillekennelclub.org).

NAME:  PHONE:

ADDRESS:

CITY:  STATE:  ZIP:

DOGS NAME:  BREED:

AGE:  SEX:  SPAYED or NEUTERED:  YES  NO

HANDLERS NAME:

EMAIL ADDRESS:

CLASS:  SESSION:  CLASS TIME:  DAY:

RABIES DATE & TAG NUMBER:

My dogs' vaccines or titers are current and appropriate for the age of my dog.

I agree not to hold the Lawrenceville Kennel Club nor any of its officers, instructors, or members, responsible for any accident, injury, illness, or loss that might occur to me, my dog, my family, or a visitor I bring to the class as a result of my participation in a Lawrenceville Kennel Club training class.

Date

Signature

I agree to allow Lawrenceville Kennel Club to use any photos taken during classes

Date

Signature

Please complete this form and email it to: [training@lawrencevillekennelclub.org](mailto:training@lawrencevillekennelclub.org). You will receive a confirmation email with instructions on how to pay.

Emergency Contact Name

Emergency Contact Number