



## CARE Competition Group Class application

→ ☆ Please READ all Directions carefully ☆

**REGULATIONS:** You must have successfully completed the prerequisite class with this dog. Handlers must be at least 13 yrs. old. One person trains the dog throughout the classes.

**Bring your dog** to the first class. You are responsible for keeping current with class work.

**EQUIPMENT:** Training collar, leash, tab, long line, light lines, toys, treats, paper towels, poop bags etc., water for you and your dog. Any new equipment will be discussed the first night of class.

**REGISTRATION:** *Classes fill early!* PREREGISTER by MAIL. See map for directions.

★Note: The class *fee may be partially transferable but will not be refunded after the first class.*

Please complete the application *legibly*, sign the agreement, and mail early with fee.

Check payable to: **MARY MAZZERI** and **Mail to: 136 Golfview Lane Carpentersville, IL 60110**

Questions? [847] 426-5089

→ **Date Class starts:** \_\_\_\_\_ **at** \_\_\_\_\_ **am pm** ←

**COMPETITION LEVEL: NOVICE(6) \$160** \_\_\_\_\_ **Open (8) \$190** \_\_\_\_\_

**Name of your last class instructor** \_\_\_\_\_ **Last class completed with this dog** \_\_\_\_\_

*By signing and submitting this application I agree to all the regulations and terms of registration. I assume full responsibility for any incident that may occur and indemnify and hold harmless Care Dog Training, Mary Mazzeri, agents, instructors and property owners. I have read and agree to all regulations and conditions of registration.*



**Signature:** \_\_\_\_\_ **Dated** \_\_\_\_\_

*(Must be signed and dated by handler or legal guardian of a minor handler.)*

**Please type or print legibly, thank you.**

**HANDLER** (Person training dog) \_\_\_\_\_

Cell Phone \_\_\_\_\_ (Home) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DOG'S NAME** \_\_\_\_\_ **BORN** \_\_\_\_\_ **SEX:** M F NEUTER/SPAY?

**BREED (S)** \_\_\_\_\_ **Your Email Address for acceptance/confirmation notice:**

⇒ Please indicate any problems your dog is currently having. (Use reverse if needed)

Does your dog have any health issues or is it on any medications? No \_\_\_ Yes \_\_\_ Please explain

Main purpose in taking class:



Member/Co Founder International Association of Canine Professionals #1006 P  
Endorsed by National Assn. Dog Obedience Instructors -#970  
Care Dog Training- Since 1970 "Unleashing the Possibilities"  
**CareDogTraining.com**

Office use: Mailed \_\_\_\_\_ Conf: Pc Em Ph Fx \_\_\_\_\_ Pvt. OR \_\_\_\_\_ G I TR \_\_\_\_\_ ProRtd. \_\_\_\_\_ CS CK # \_\_\_\_\_

Nov-11