



Jump 'n Fetch Class application



Please READ all Directions carefully

REGULATIONS: This 8 week Intermediate class is for dogs 8 months or older who have graduated from an Off Leash Basics Class. Off leash exercises continue to progress.

The course includes jumping, retrieving, drop on call, targeting, and out of sight stays. Handlers must be at least 14 yrs. old. **One** person trains the dog through the class.

Bring dogs the first week. Keeping current with the class work is the handler's responsibility.

EQUIPMENT: Your basic training equipment: Training collar, leash, tab, long line, poop bags etc., water for you and your dog. Bring a couple of 4-6 inch dowel rods from 1/2" to 1" diameter to suit the size of your dog, retrievable objects (a work glove, a small rolled up newspaper, dumbbell etc.), treats and distractions. Makeshift high and broad jumps for at home.

REGISTRATION: *Classes fill early!* PREREGISTRATION is by MAIL only. See website map for directions.

★ The class fee *will not be refunded after the first class but may be prorated & transferable.* Please complete the application *legibly*, sign the agreement, and mail early with **\$190.00** fee. Make check payable to: **MARY MAZZERI**

Mail to: 136 Golfview Lane Carpentersville, IL 60110 Questions? [847] 426-5089

➔ **Class starts:** _____ **MON TUES WED THURS SAT** at _____ a.m. p.m. ←

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 if a minor handler.)

Please type or print legibly, thank you.

HANDLER (Person training dog) _____

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ (Other phone number) _____

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.

Does your dog have any health issues? No ___ Yes ___ Please explain _____

Main purpose in taking class: _____



Co Founder International Association of Canine Professionals #1006 P
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CareDogTraining.com

Office use: Mailed _____ Conf: Pc Em Ph _____ Pvt. OR _____ G I TR ProRated _____ CS CK # _____ Nov-11