

Class Application (please print)

Draft/Cart Class 4 weeks Handler w/dog - \$100 _____ Audit without dog - \$40 _____

Owner Name					
Handler Name					
Address					
City, State, Zip					
Email	Phone				
Start date of class	Class time				
Dog's name	Breed				
Dog's date of birth	Male	Female			
How did you hear about our club?					
In consideration for being accepted for training at of Breed Obedience Club, Inc., officers, directors, instany time be made or instituted against them or any action growing out of or connected with my attendiby GABOC. I agree to grant to this club permission further agree that any of the recordings may be us and further that such use shall be without payment.	structors, and member y of them by any per lance or my dog's at yon to photograph and sed in club publicatio	ers against all claims or actions that m son for the purpose of enforcing any c tendance at the training classes condu d/or video, pictures of my participation. ns, or on social media to promote GAB	nay at cause of ucted . I		
Signature Make check payable to GABOC		 Date			

Make check payable to GABOC
Please mail application & payment to:
Chuck Holtzen, 5226 Carpenter St., Downers Grove, IL 60515 (630)293-7870