

OBEDIENCE TRAINING

THE GOLDEN RETRIEVER CLUB OF COLUMBUS, OHIO, INC.

REGISTRATION FOR CLASSES

BEGINNING JUNE 1, 2009 thru JULY 6, 2009

Franklin County Fairgrounds – Edwards Bldg, 4100 Columbia St., Hilliard, OH

(GOLDEN RETRIEVERS ONLY OBEDIENCE, ALL-BREED CONFORMATION)

Please Print Clearly Owner's Name:						
Address:						
City:						
Telephone: (home)	(worl	x)				
E-Mail Address:		Ple	ase do not call after:	(time)		
Dog's Full Registered Name:						
Dog's Call Name:	Dog's DOB	:	Breed:			
Handler's Name: (only one)		Age	of Handler if under 18:			
Previous obedience training? If	Handler: yes	no	Dog: yes	_ no		
Preregistration closes 5/27/09. You may still ap Training classes will meet for approximately Instructors. You will need to arrive 10-15 min	oply for a class after thi 55 minutes per week, nutes early to relieve y	s date if for six our dog	weeks and are taught by k	nowledgeable voluntee		
including your class time approximately 3 days p Check One:	rior to the start of class	es.				
PUPPY KINDERGARTEN 6:00-6:55 will cover beginning obedience, socializ (Goldens Only)						
BEGINNING NOVICE 6:00-6:55pm Kindergarten Class. A good foundation			who have never trained or wh	no have completed Puppy		
NOVICE PREP & POLISH 7:05-8:00 out what judges are looking for. Pre (Goldens Only)						
ALL-BREED CONFORMATION 7:0	05-8:00pm - For dogs p	reparing	to be shown in the conforma	tion ring.		
			RECOMENEDED ~ ENTS PER CLASS ~			
Make check payable to: GRCCO FE	\$50.00 for Gol		lings rescue dogs embers (if member when cl	ass starts)		
Mail application, release and check to:	Ellen E. Kuhn 38 School St.					

Mechanicsburg, Ohio 43044

Phone: 937-834-6176 (Private/Blocked Numbers Dial *82 First)



OBEDIENCE CLASS RELEASE FORM

THE GOLDEN RETRIEVER CLUB OF COLUMBUS, OHIO, INC.

Plea	se Print Clearly						
Ow	rner's Name:						
Ad	dress:						
Cit	y:		State:	Zip Code:	_		
Tel	ephone: (home)	(work)		-		
Do	g's Full Registered Name:						
Do	g's Call Name:		Dog's Birthda	y:	_		
Ha	ndler's Name: (only one)_		Age of Handle	er if under 18:	_		
Cla	ss Enrolled				_		
abide land to	by the rules and regulation	e purpose of entering the all s of the Club; to faithfully c f my ability each night; to at ts.	arry out the recomme	ndations of the instructors	and/or assistants		
Retriev	ver Club of Columbus, Ol	nce of this application and on thio, Inc. in total and all its tructors and/or assistants co	members, trustees, go	overnors, officers, agents,	, superintendents,		
 Any loss or injury which may occur to any person or person of things by biting by, or to, or any other act of said dog while in or on the premises or grounds, whether or not and when the said dog is being delivered or removed or otherwise handled, and personally to assume full responsibility and liability therefore, and; the disappearance and/or loss by theft or otherwise and/or death of the said dog named above, and/or all damages, injury caused by the negligence or other carelessness of the said Club in any manner or by any other person(s), and/or by any other cause(s) directly or indirectly operating while such person(s) and/or dog(s) is or are on the Club premises. 							
Date: _		Signed:					
	oy state I have been presen uizations required for a dog	ated a copy of health certificg of its age.	ate on the above name	ed dog and find him/her to	be current in all		
Date: _		Instructor:					