

Please Print, Fill out and bring to the first class

Pocksha Canine Club, Inc.

Beginner Class Sign Up sheet



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Dog Name: _____ Breed: _____ Age: _____

Rabies Tag #: _____

ALL HANDLERS MUST SHOW PROOF OF DOG'S CURRENT VACCINATIONS

How did you hear about us?

Newspaper Internet Word of Mouth

Other: _____
Please Specify

Club Use Only

Date: _____ Total: \$ _____

Check Check #: _____
Cash

Collar: Yes \$8.00 No

Leash: Yes \$6.00 No