



Crossroads Pet Resort

Home of Best Behavior
Dog Training & Behavior Specialists

GROUP TRAINING REGISTRATION

Classes for puppies and adult dogs utilizing effective, gentle, reward-based training designed for fun on and off leash obedience.

REGISTER EARLY! CLASS SIZES ARE LIMITED.

Class	Select One	Cost	Day	Start Date
Dog Behavior 101	<input type="checkbox"/>	\$105	<input type="checkbox"/> Wed <input type="checkbox"/> Sat	
Dog Behavior 201	<input type="checkbox"/>	\$105	<input type="checkbox"/> Wed <input type="checkbox"/> Sat	
Agility For Fun – 8 weeks (Beginner)	<input type="checkbox"/>	\$119	<input type="checkbox"/> Sat	
Agility For Fun – 8 weeks (Intermediate)	<input type="checkbox"/>	\$119	<input type="checkbox"/> Sat	
Nosework – 6 weeks	<input type="checkbox"/>	\$125	<input type="checkbox"/> Sat	
Therapy Dog – 4 weeks	<input type="checkbox"/>	\$119	<input type="checkbox"/> Sat	

You are welcome to observe an earlier class prior to registering.

PLEASE NOTE THAT NO REFUNDS WILL BE ISSUED AFTER THE START OF THE FIRST CLASS. NO EXCEPTIONS!

Owner's Name(s):							
Phone:		Email:					
Address:				City:		Zip:	
Referred By:							
Dog's Name:				Breed:			
Age:		Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Altered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

In consideration of being allowed to enroll in this class, I hereby release Crossroads Country Club Pet Resort, its Officers, agents, and employees from all liability for loss, damage or injury to me or my dog, and agree to hold the aforesaid parties harmless from all liability, damage, cost and/or expense (including attorney's fees) arising out of any claim, demand or action based upon any occurrence concerning myself or my dog.

Client Signature: _____

Date: _____

For office use:
Method of Payment: _____
Registered By: _____
Date: _____