



TRAINING APPLICATION

Mailing address: PO Box 10244 Physical address: 2031 Bellevue Rd Green Bay WI 54307-0244 Phone: (920) 468-5880

Date:	
	SESSION 1

Owner Information:

Name:	Home Phone:
Address:	Cell Phone:
City:	State: Zip: E-Mail:
Have you previously trained	l a dog in a formal class? Yes No
If Yes, please list when and	where:
How did you hear about Pa	ckerland Kennel Club?
Dog Information: ☐ Purebred ☐ Mixe	d Breed Breed (s) of Dog
☐ Male ☐ Female S	payed? Neutered? (check one) Dog's Date of Birth:
Call Name:	Registered name (if purebred):
Has this dog been enrolled	in any other training classes, this session @ PKC? Yes No
If yes, please list the class n	ame:
List any specific problems for	or which you and your dog would need help:
	heck the classes in which you wish to enroll your dog. Please also sign up on the and on the Bulletin Board. Thank you.
Rally: Signs describe	obedience maneuvers to be performed
	nce exercises with the goal of obtaining the Canine Good Citizen Certificate. Session 2 & 4 only performance etiquette and requirements for handler & dog to perform @ Breed Shows
	ogram: In tandem with the 4-H program; handlers aged 9 – 17
	Puppy's first class; learn basic commands and good manners. Socialization
	uation of obedience in a less formal setting and extras thrown in
	wner work on relationship; basic walking at side, sit, down and stand stays, etc. n-ups; Obedience classes are a Pre-requisite. Dog must come; off-leash work
0 , .	ested in starting agility, please call the Club's phone number (see above)