

Idaho Capital City Kennel Club

Training Center Class Registration

Handler (Student)	Name		_			
Address:		City	StateZip_			
Age of handler, if u	under 18:					
Home Phone	Cell Phone	Work Phone				
E-Mail						
4H Club, if 4H Youth (age 5-18)		4H Leader: N	ame	Phone	Email	
Owner of Dog:						
Owner contact (if d	different from "Student"): Home phone:	Cell Phone:		_ Email		
Call Name of Dog_		Sex				
Breed	Date of Birth					
Date of last Rabies	inoculation					
Class requested:_		Start Date:				
2018 Introductory	Fees:					
Class Fee is \$100 p	per person <u>or</u> \$75.00 for ICCKC members	in good standing. See clas	s registration on	http://www.icckc.org/tr	aining-center for additional pricing for Ju	iniors or
4H. Please make c	hecks payable to "ICCKC".					
In order to reserve	a spot in the class of your choice, please so	end this completed registra	tion form, the sig	ned waiver and paymer	at to:	
1	Robyn Foust 810 Southside Blvd Nampa, Idaho 83686					
C)R					
L	Leave in envelope marked "Class Registrat	ion" in Training Center Pa	yment box.			

Space is limited. Completed registration form and payment is due before space will be reserved. You must have a signed waiver on file with the Training Center. If not, please include a waiver with your registration. You will receive confirmation by e-mail (or mail if you include a stamped return envelope) **prior to the first day of class** with further information. If class is full, and we cannot take your reservation, you will be notified ASAP. Deadline for reservations is 3 days prior to the class start date. (Example: Thursday class due Monday prior) or until class is filled. Refunds will be given for cancellations if notice is received by 3 days prior to the class start date. **NO TELEPHONE OR EMAILED REGISTRATIONS WILL BE ACCEPTED.** Questions?: EMAIL robynfoust@cableone.net or icckctraining@gmail.com