

Sunnyside Training Center

Registration Form

15777 Robins Road
Johnstown, Ohio 43031

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail Address: _____

Dog's Registered Name: _____

Dog's Call Name: _____ Breed: _____

I am signing up for (CIRCLE ONE):

 THERAPY DOG TRAINING PUPPY CLASS OBEDIENCE RALLY OTHER

Starting Date of Class: _____

By Signing below, I hereby agree to hold Karen Smith and Sunnyside Training Center harmless from any loss or injury to myself or my dog, while training on the property.

Signature: _____ Date: _____

Classes fill on a first come, first serve basis.

Your spot in class will not be secure until your Registration Form and payment are received.

Please mail this form and a check payable to **Sunnyside Training Center**