

Sit Happens!® Companion Dog Training

Phone:(403)295-6337 Fax:(403)250-3446 www.sithappens.org
#16-2333-18Ave NE, Calgary, AB T2E 8T6

Class Registration Form

Class: _____ Start Date: _____



Name of Dog Handler(s): _____
Address: _____
Postal Code: _____ Phone #'s: _____
Email: _____

Method of Payment: cheque mastercard visa cash amex
Name of Card Holder: _____ Exp. Date: _____
Card Number: _____ Signature: _____

Pre-registration is requested and will be confirmed once payment is received. *Thank you.*

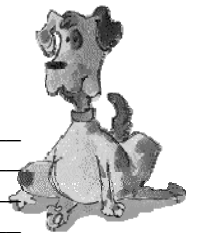
Payment is 100% non-refundable after you and your dog have attended your first lesson.

Do you qualify for a discount? no senior people(+60yrs) adopted dog multi-class

Dog's Name: _____ Dog's Age Now: _____
Breed: _____ Sex: _____ Spayed/Neutered? yes no will be

Is your dog adopted? yes no if yes - from which organization? _____

Please list the things you want to learn from this class and what you'd like your dog to be able to do at the end of this class?



What previous training have you and your dog participated in? where?



How did you hear about Sit Happens!? _____

OFFICE USE ONLY

Date Received: _____ Available Discounts: Senior/Adopted \$25.00 Multi-Class \$35.00

Total Paid: _____ cash credit card cheque Pymt Processed: **Y/N** Date: _____ Initials: _____

Confirmation Sent _____ Card _____ Waiver complete mailed on file Vaccinations Checked _____

Date Attended Orientation _____