PICK OF THE LITTER DOG TRAINING
Group Class Registration -- Feisty Fido-Level 2, Winter 2012

How to Register:

1) Fill out registration form below (detach along dotted line):
   a. for Monday classes, starting 1/9, use course #43797
   b. for Wednesday classes, starting 2/15, use course #43789
2) Remit registration form and payment to the **Kent Parks and Recreation**
   a. **PHONE IN:** (253) 856-5000 (M-F 6am-10pm, Sat 8am-9pm)
   b. **MAIL IN:** Kent Commons Registration - 525 Fourth Ave. N., Kent, WA 98032-4497
   c. **WALK IN:** Kent Commons - 525 Fourth Ave. N Kent, WA 98032
   d. **FAX IN:** (253) 856-6000 (VISA or MC only)

Prices: $90 for 6 weeks

Location of Classes:

Kent Memorial Park 850 Central Ave N Kent, WA 98032	*From Highway 167:* Take the 84th Ave S Exit; Proceed South on 84th Ave S; 84th Ave South becomes Central Ave N; Park is just ahead on the left

What to Bring to the First Class:

1) Bring your dog with you to the first class, on a leash
2) Pint size Ziploc bag, full of really great treats
3) Clicker
4) Bed or blanket for your dog to lie on
5) Proof of current vaccinations (current Distemper booster and Rabies vaccine)
6) Completed *Student Profile Form* (will be mailed by the parks department following registration)

detach along dotted line

KENT PARKS, RECREATION AND COMMUNITY SERVICES—PROGRAM REGISTRATION FORM

Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ E-mail Address _____

Class Program	Course Number	Dates	Day	Time	Fee
				Grand Total	

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury or damages, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, losses or suits, including attorney fees, arising out of or in connection with the program. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.
I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Kent informational or promotional use

_____ _____
Signature of Participant Date

Checks: make payable to *City of Kent*

Credit Card Information (VISA or MC)

_____ _____
Card Number Exp Date

_____
Name of Cardholder