

**PICK OF THE LITTER DOG TRAINING**  
**Group Class Registration Form - Kent Location**  
**Puppy Kindergarten Classes, Fall 2011**

**How to Register:**

- 1) Fill out registration form below (detach along dotted line):
  - a. for Wednesday classes, use course # 42786
  - b. for Sunday classes, use course # 42787
- 2) Remit registration form and payment to the **Kent Parks, Recreation and Community Services**
  - 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

**Pricing:** \$90 for 6 weeks

**Location of Classes:**

Kent Memorial Park 850 Central Ave N Kent, WA 98032	<i>From Highway 167:</i> Take the 84 <sup>th</sup> Ave S Exit; Proceed South on 84 <sup>th</sup> Ave S; 84 <sup>th</sup> Ave South becomes Central Ave N; Park is just ahead on the left
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**What to Bring to the First Class:**

- 1) A Hungry Puppy, Ready to Learn
- 2) Proof of Current Vaccinations (at least one set of puppy shots)
- 3) Completed *Student Profile Form* (will be mailed by the parks department following registration)
- 4) Your Puppy's Favorite Food Treats
- 5) Regular, Flat Collar or Harness
- 6) Four or Six Foot Leash

*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

Checks: make payable to *City of Kent*

Credit Card Information (VISA or MC)

\_\_\_\_\_ Exp Date

Card Number

\_\_\_\_\_

Name of Cardholder

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Date