

PICK OF THE LITTER DOG TRAINING

Group Class Registration - Thursday Classes, Spring '08

How to Register:

- 1) Fill out registration form below (detach along dotted line):
 - a. Basic Manners (Small Dogs): use bar code #28471
 - b. Basic Manners (Medium/Large Dogs): use bar code #28473
 - c. Better Manners (All Sizes): use bar code #28777
- 2) Remit registration form and payment to the **Auburn Parks & Recreation Department**
 - a. **PHONE IN:** (253) 931-3043 (VISA or MC only)
 - b. **MAIL IN:** Auburn Parks and Recreation ... 910 9th Street SE ... Auburn, WA 98002
 - c. **WALK IN:** 910 9th Street SE ... Auburn, WA
 - d. **FAX IN:** (253) 931-4005 (VISA or MC only)

Prices: \$75 for 6 weeks (city of Auburn residents)
 \$94 for 6 weeks (anywhere outside of Auburn city limits)

Location of Classes:

Les Gove Park Multipurpose Building 1020 Deal's Way SE Auburn, WA 98002	<i>From Interstate 5 -or- Highway 167:</i> Take Highway 18 East; Take Auburn-Enumclaw exit; At the end of ramp, turn left onto Auburn Way South; Proceed south on Auburn Way South; Turn left on 12 th Street SE (just after Auburn Library); Immediately turn left on J street; J street turns into Deal's Way SE; Multipurpose Building is on right
--	--

What to Bring to the First Class:

- 1) A Hungry Dog, Ready to Learn
- 2) Proof of Current Vaccinations (current Distemper booster and Rabies vaccine)
- 3) Completed *Student Profile Form* (will be mailed by the parks department following registration)
- 4) Your Dog's Favorite Food Treats
- 5) Flat Collar or Harness
- 6) Four or Six Foot Leash

detach along dotted line

AUBURN PARKS & RECREATION REGISTRATION FORM

Participant Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____ E-mail Address _____

Activity Name	Bar Code No.	Activity Day(s)/Time(s)	Activity Fee
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Signature _____ Date _____

Checks: make payable to Auburn Parks & Recreation

Credit Card Information:

___ Visa _____
 ___ MC _____ Exp. Date _____ Visa or Mastercard No. _____

TOTAL DUE _____

Name of Cardholder _____