

# PICK OF THE LITTER DOG TRAINING

## Group Class Registration - Monday Terrier-rific Manners Classes, Fall 2010

### How to Register:

- 1) Fill out registration form below (detach along dotted line): to start classes on 9/13, use bar code #33067
- 2) Remit registration form and payment to the **Auburn Parks, Arts & Recreation**
  - a. **PHONE IN:** (253) 931-3043 (VISA or MC only) – 9 am to 5 pm M-F
  - b. **MAIL IN:** Auburn Parks, Arts 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:** \$80 for 6 weeks (city of Auburn residents)  
\$100 for 6 weeks (anywhere outside of Auburn city limits)

### Location of Classes:

Veterans Memorial Building (in Veterans Memorial Park) 405 E Street NE 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 right onto Auburn Way S; Proceed North on Auburn Way S; Auburn Way S becomes Auburn Way N; Turn right on Park Ave N; Turn left on E Street NE; Park building is at the corner of Park Ave N and E Street NE
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### 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, Arts & Recreation  
Credit Card Information:

TOTAL DUE

\$

Visa \_\_\_\_\_

MC Exp. Date \_\_\_\_\_ Visa or Mastercard No. \_\_\_\_\_

\_\_\_\_\_  
Name of Cardholder