

**NON-MEMBER / ASSOCIATE MEMBER APPLICATION FOR TRAINING CLASSES
GOLDEN TRIANGLE OBEDIENCE TRAINING CLUB, INC.**

Training Information - 412-653-6880 (leave message)

<http://www.GTOTC.com> or E-mail to gtotctrainingsecretary@yahoo.com

FILL OUT ONE APPLICATION FOR EACH CLASS: (Check off class and date choices where applicable)

<u>Obedience Classes</u> (8 or 6 weeks)		<u>Fees</u> ^{1/}	<u>Class Start Date</u> ^{2/}		<u>Agility Classes</u> (6 weeks)	<u>Fees</u>	<u>Class Start Date</u> ^{2/}
Check Class Schedule at gtotc.com							
<input type="checkbox"/>	KPT (12-26 weeks of age) Record of Shots Required			<input type="checkbox"/>	Beginning Agility	\$90	
<input type="checkbox"/>	Basic			<input type="checkbox"/>	Intermediate Agility	\$90	
<input type="checkbox"/>	Canine Good Citizen (CGC)						
<input type="checkbox"/>	Beginning Novice			<input type="checkbox"/>	Advanced Agility	\$90	
<input type="checkbox"/>	Advanced Novice (CD)						
<input type="checkbox"/>	Open (CDX)						
<input type="checkbox"/>	Utility (UD)			<input type="checkbox"/>	Intermediate/Advanced Agility (when offered)	\$90	
<input type="checkbox"/>	Clicker	<input type="checkbox"/>	Tricks				
<input type="checkbox"/>	Rally	<input type="checkbox"/>	Other				

1/ \$120 Class Fee if Obedience Class is a 8 Week session and \$90 Class Fee for 6 Week session

2/ Please see class schedule at www.gtotc.com for Class Start Date and length of session

SUBMIT CLASS APPLICATIONS AND FEES NO LATER THAN ONE WEEK PRIOR TO THE START OF A CLASS.

Owner's and/or Handler's Name:

Dog's Call Name

Breed:

Sex:

Date of Birth:

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

*E-mail Address:

Veterinarian's Name and Address:

ANSWER ALL OF THE FOLLOWING QUESTIONS:

Does the dog have any physical handicaps or medical problems? (Explain)

Is the dog spayed or neutered? Yes No Is the dog kept: in the house crated outside pen tied kennel

Has the dog ever been trained in: obedience conformation field agility If you checked any of these items, please list what level of training and organization where training was obtained:

How did you hear about Golden Triangle Obedience Training Club?

Does handler have previous experience? If yes, to what level:

Age of handler if under 16: _____ (must be accompanied by an adult at all classes)

Is your dog reactive to: Other dogs Male Female Children Please check all applicable.

Does the handler have any physical handicaps affecting mobility, sight, hearing, etc., that we should be aware of? Yes No

How would you describe your dog's personality? Check all that apply:

- | | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Fearful | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Playful | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Loud | <input type="checkbox"/> Annoying | <input type="checkbox"/> Calm | <input type="checkbox"/> Jealous | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Territorial | <input type="checkbox"/> Finicky | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Dominant | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Dependent | <input type="checkbox"/> Other |

I hereby certify that I will indemnify and hold harmless the Golden Triangle Obedience Training Club, Inc. ("Club") and all persons connected therewith in any capacity whatsoever from any and all liability, cost and expenses for injury or damage to persons or property caused by any dog brought by me to a training class or other event held or sponsored by the club; that I release the club and all persons connected therewith in or in any capacity whatsoever from any and all liability, cost and expenses for any injury or damage to my person or property sustained at the training classes or any event held or sponsored by the club; and that I assume the risk of such injury or damage.

Signature of Owner/Handler:

Date:

Applications and tuition fees must be submitted to the training secretary prior to the beginning of a class. Under no circumstances will anyone be permitted into a class by just coming or showing up with an application. Nobody other than the training secretary can approve your admittance to the class. This is strictly enforced to keep classes from becoming overcrowded. No refunds after first class. Thank you for your cooperation

Enclosed is a check in the amount of \$

**Please make checks payable to GTOTC and return application and payment to:
Lisa Pisarcik, GTOTC Training Secretary, 375 E. James Street, Munhall, Pa. 15120**

Date received:

Class starting date:

Secretary's notes (print):

Instructor's name and notes (print):

* You will be contacted via e-mail to let you know the status of Class you requested, i.e., if it is still available; if there are any changes in the schedule; or if required number of students has not been attained and the Class is cancelled.

Revised: 2/27/18