

## 2025 WINTER Training Application

Monday	Tuesday	Wednesday	Thursday	Sunday
Adv Agility	Sports Foundation 1	Puppy I Class 4pm	UKC Rally Adv	Nosework Intermed
		Puppy II Class 5pm	AKC Rally	Nosework Advanced
	Beginner Agility	Beginners Obed 6pm	Beginners Rally	Nosework Beginners
Intermd Agility				Agility Handling/Skills

Please circle the desired class above and complete the form below. Class fees are listed in the training session class description sheet. Dogs with proof of adoption from a shelter/rescue organization receive a one-time \$10.00 discount on training in a puppy or beginner class. Owners must submit a copy of the adoption receipt with class application and payment. Please remit a copy of your dog/pup's current vaccinations including Rabies if age appropriate (6mo & older) with your application & payment.

Name: \_\_\_\_\_ Junior Handler Age (Under 18): \_\_\_\_\_

Address: \_\_\_\_\_ City&Zip \_\_\_\_\_

Phone Home/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Male or Female (Circle One) Spayed or Neutered (Circle one if Applicable) Age of Dog: \_\_\_\_\_

Name of Vet Clinic \_\_\_\_\_ Vaccinations verified for age: \_\_\_\_\_

Date of Rabies Vaccination: \_\_\_\_\_ Tag#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

IF adopted from shelter, date adopted: \_\_\_\_\_

Paying by cash \_\_\_\_\_ or check# \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Circle One: Member: Active or Non-Active  
Non-Member

*How did you hear about the IRDTC?*

*Are you interested in learning about membership to IRDTC?*

*May we contact you with a short survey of your class experience with IRDTC?* \_\_\_\_\_ Yes \_\_\_\_\_ No

On behalf of myself, my heirs, executors, administrators and assignees; I hereby waive and release any and all rights and claims for damages which I may have against the Iron Range Dog Training Club, its Board of Directors, training directors, and training staff, as well as any other connected with their class or event, their heirs, executors, administrators, successors and assigns for any and all injuries with I and /or any member of my family and/or friends, or my dog may suffer or causes while taking part in this class or event or as a result thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information was verified by (Registrar's Name): \_\_\_\_\_