

Paid _____
RV due _____
DHL due _____

**SCHENECTADY DOG TRAINING CLUB, INC.
CLASS/MEMBERSHIP APPLICATION**

I am interested in becoming a member of the Schenectady Dog Training Club, Inc. and wish to apply for a place in class. I understand that only completed applications including shot records (distemper and rabies vaccination), fees (\$20 membership dues, prorated to \$10 after July 1, \$75 new dog fee for 8 week session, \$40 for 4 week session) and signed waiver will be eligible for placement. I further understand that enrollment is on a "first come, first served" basis.

I wish to enroll in:

____ **Primary** (dogs 6 months or older)

-- OR --

____ **Kindergarten Puppy Training** (pups under 6 months)

-- OR --

____ **Beginning Agility** (Call for availability)

-- OR -- (prior approval required for the following classes)

____ **Secondary** ____ **Novice** ____ **Open** ____ **Utility** ____ **Other**

Attendance at orientation is required for membership acceptance.

INFORMATION ON THE PERSON DOING THE TRAINING

Name _____ Home Phone _____

Address _____ Work Phone _____

City, State _____ E-mail _____

DOG INFORMATION

Name _____ Date of Birth _____

Breed _____ Male ____ Neut.Male ____ Female ____ Sp.Female ____

I have read the enclosed information and understand the terms of my acceptance into SDTC, Inc.

Signature _____ Date _____

Please return this application to:

**Gaye Mastrianni
20 Hembold Drive
Schenectady, NY 12303**

Enclose with application:

Copy of shot records (rabies and distemper)
 Class fee and membership dues
 Signed waiver (on reverse)

If you have questions regarding this process, please call Gaye at 357-4014.