

# NORTH ARKANSAS KENNEL CLUB TRAINING CLASS APPLICATION FORM

**NAKC Training Building: 825 E. Main Street, Flippin AR 72634**

Training Coordinator: Sherry Gibbany Phone: (870) 416-7062 Email: [sherrygibbany57@gmail.com](mailto:sherrygibbany57@gmail.com)



**REFERRED BY:**

<input type="checkbox"/> Friend	<input type="checkbox"/> NAKC Member	<input type="checkbox"/> Internet
<input type="checkbox"/> Phone Book	<input type="checkbox"/> Media Ad	<input type="checkbox"/> Vet
<input type="checkbox"/> Flyer	<input type="checkbox"/> Other: Specify → _____	

**HANDLER INFO:**

Name: \_\_\_\_\_

(one main handler, others may attend to observe, children must be monitored for safety)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Text? Y/N EMail: \_\_\_\_\_

**NAME OF OWNER IF DIFFERENT FROM HANDLER:** \_\_\_\_\_

**DOG INFO:**

Call name of dog \_\_\_\_\_ Breed \_\_\_\_\_ Sex Male/Female

Dog's Age (in weeks at class start for a puppy class) \_\_\_\_\_

Date of most recent rabies vaccination \_\_\_\_\_ Dog's Veterinarian \_\_\_\_\_

My dog is in good health and up to date on vaccinations: (Initial Here) \_\_\_\_\_

**Name of Class:** \_\_\_\_\_ **Class Fee:** \$75 Non-Club Member **PAID:** **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

**FEE:** NAKC Club Member: \$40 **PAID:** **Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Date of First Class Session:** \_\_\_\_\_ (See information on club website [www.northarkansaskennelclub.org](http://www.northarkansaskennelclub.org))

**CANCELLATION AND REFUND POLICY: NO REFUNDS OR RESCHEDULES WILL BE MADE AFTER THE START OF CLASS. ENROLLMENT MAY BE CANCELLED UP TO 2 DAYS PRIOR TO THE START OF CLASS FOR A FULL REFUND.**

**AGREEMENT**

In consideration of the acceptance of this application for Training Class at North Arkansas Kennel Club, Inc. (hereinafter referred to as "the Club") and in further consideration for the services rendered by and the through the Club I (we) agree to hold this Club, its members, directors, officers, and agents harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of any dog in my (our) charge while in or upon the training site or grounds or the surrounding area thereto, and I (we) personally assume all responsibility and liability for any such claim: and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of any dog in my (our) charge by disappearance, theft, death or otherwise, and from any claim for damage or injury to any dog in my (our) charge, whether such loss, disappearance, theft, damage or injury be caused by or alleged to be caused by the negligence of this Club or any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I (we) further agree to abide and be bound by all the rules and regulations of this Club and I (we) understand that the Club may refuse any dog for cause that the Club shall deem sufficient.

**SIGNATURE (REQUIRED):** \_\_\_\_\_

Please fill out completely and mail the payment and application to Sherry Gibbany, 1483 Harding Boulevard, Cotter, AR 72626