

DOG TRAINING CLUB OF ST. PETERSBURG

CGC & Tricks Registration Form

Name: _____ Date: _____

Address: _____ Email: _____

City/State/Zip: _____ Phone Number: _____

Emergency Contact: _____ Date of Test: _____

Your preferred time frame: 10:00 to 12:00 12:00 to 2:00
 2:00 to 4:00

Dog's Name	Test Type (CGC/Tricks (Indicate Level))

PLEASE NOTE: DOGS MUST BE UNDER LEASH CONTROL OR CRATED WHEN NOT IN THE RING FOR TESTING.

Each test is \$10, payable by cash or check made payable to DTCSP.

_____ Number of Test x \$10 = \$_____ (Amt. Due)

Please send to: Dog Training Club of St. Petersburg
CGC and Tricks Testing
4400-B 34th Street North
St. Petersburg, FL 33714

Email: clubfeed21@tampabay.rr.com with any questions.

