

**NEXT SESSION BEGINS WEEK OF JUNE 3, 2019**  
**For more information: email [contactaoctraining@gmail.com](mailto:contactaoctraining@gmail.com)**  
**call (470)302-3633**

**Website: [www.atlantaobedienceclub.com](http://www.atlantaobedienceclub.com)**

**CLASSES OFFERED**

<b>Monday</b>	
STAR Puppy	7 pm to 8 pm
Beginner	7 pm to 8 pm
Rally – All Levels	8 pm to 9 pm
<b>Tuesday</b>	
Open	7 pm to 8 pm
Utility	8 pm to 9 pm
<b>Thursday</b>	
Novice 1 -2	7 pm to 8 pm
Trial Ready	7 pm to 8 pm
Intro to Agility	8 pm to 9 pm

**\* - Must have 4 dogs signed up for class to be held**

**PLEASE BRING VERIFICATION OF DOG'S VACCINES.**

**Registration with payment must be received by Friday May 30, 2019**

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**NO REFUNDS AFTER THE FIRST WEEK OF CLASS**

**NAME** \_\_\_\_\_

**PHONE# DAY**(\_\_\_\_) \_\_\_\_\_ **EVENING**(\_\_\_\_) \_\_\_\_\_ **CELL**(\_\_\_\_) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DOG'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_ **SEX** \_\_\_\_ **BREED** \_\_\_\_\_

**PROBLEMS?** \_\_\_\_\_

**REGISTERING FOR: CLASS:** \_\_\_\_\_ **WHICH DAY:** MON\_\_ TUES \_\_ THUR\_\_ FRI \_\_

**HOW DID YOU FIND OUT ABOUT ATLANTA OBEDIENCE CLUB?** \_\_\_\_\_

**WOULD YOU LIKE TO RECEIVE REMINDERS/INFORMATON BY EMAIL? YES\_\_ NO\_\_**

**EMAIL ADDRESS** \_\_\_\_\_ - \_\_\_\_\_

**RETURN THIS PRE-REGISTRATION FORM with payment TO:**

**AOC Training Director**  
**1193 Beaver Ruin Road Suite D**  
**Norcross, GA 30093**

**MAKE CHECKS PAYABLE TO ATLANTA OBEDIENCE CLUB**

I hereby release the ATLANTA OBEDIENCE CLUB INC., animal owners, property owners, instructors, spectators, and/or any other participants from any and all liability for accidents, injuries and/or damages to me, my dog or property caused by participation in any activities including the period of time immediately prior to and/or immediately after the conclusion thereof so long as the animals are located on the premises designated for the activity. I understand that by participation, I am a joint venture participant and assume all liability for injury to my dog, my property or myself occasioned by this participation. This waiver shall be effective from the date of signing.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- **A check for the full amount of the class must be sent with registration. No registration will be accepted without payment.**
- **Any classes without 3 students registered before the first class begins will be cancelled.**
- **Confirmation will not be sent. "No News Is Good News!"**
- **AOC will notify you if the classes are full or time/day needs to be changed.**

**ALL CLASSES \$100 FOR 6 WEEKS**