

PROOF POSITIVE DOG TRAINING

Class Enrollment Form

Owner's Name _____ Age (if minor) _____

Address _____ City _____ Zip _____

Phone number _____ Email _____

Dog's Name _____ Age _____ Breed _____

Spayed/Neutered _____

Class name _____ Class Day _____

Class time _____

Please mail your payment of \$85 to hold your place in class along with a copy of this form and the liability form.

Make all checks payable to Proof Positive Dog Training and mail to
Stacy Bols
4640 Wolf Ridge Way
Keller, TX 76248