

Trace Your Path Agility, LLC

Class Registration Form

Class: _____ **Date:** _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

Dog's Name: _____ **Breed:** _____

Age: _____ **Jump Height (if known):** _____

Dog Vaccinated? (Y/N): _____ **Date:** _____ **Expiration:** _____

Previous Training? (What and how much – Obedience/Agility/etc.): _____

Facility Rules: (Please Initial): _____

- All dogs must be on leash from car to crate, to start line; except in the warm-up area
- Have your dog warmed up and ready to go as soon as it is your turn
- Please clean up after your dog. There is a trash can near the field for disposing of waste
- Do not move any equipment unless permission is granted by the instructor/facility
- Keep your dog up to date on vaccinations