Marshall and Melanie Clark
Get Smart Agility
getsmartagility@gmail.com
802-238-0943

Registration Form

Name of Class _____

Handler's Name _____

Home Phone:_____

Email Address:_____

Dog's Name _____

Dog's Age and Breed _____

Level Dog is Competing at: _____

Goals during this class _____

Instructors you've trained with _____

We will email students if class is cancelled.

Amount of payment enclosed _____

Signature_____Date_____