

**Upper Ohio Valley Obedience Training Club**  
**Class Registration Form**  
**for**  
**Club Members and Current Students**

<b><u>Owner Information:</u></b>	Date: _____
Name: _____	
Address: Street: _____	
City: _____ State: ____ Zip: _____	
Phone: Home: _____ Cell: _____ Work: _____	
Email: _____	
Dog's Name: _____ Breed: _____ Dog's Age: _____	
I would prefer a class during the _____ DAY _____ EVENING (Please check one)	
Please check any day of the week you <b>would NOT</b> be able to attend:	
____ Monday    ____ Tuesday    ____ Wednesday    ____ Thursday    ____ Friday    ____ Saturday	
<hr/> <b>IMPORTANT!</b>	
Payment must be included with the application. You may give this application and payment to your current instructor, or mail to: UOVOTC P.O. Box 76 Bellaire, OH 43906	
<b><i>Applications must be received two weeks prior to the start of the new session.</i></b>	
<b><u>Class Information:</u></b>	
Are you a UOVOTC member with current dues paid?    ____ Yes                    ____ No	
Current Class Level: _____	
Current Instructor: _____	

<b>Applicant: Do not write in this box. For UOVOTC use only.</b>	
Name of person who received this application: _____	
Payment:        ____ Check (check number): _____        ____ Cash (Amt. Rec.) _____	
<b>Reminder!</b> <i>Give receipt!</i> White (give to the applicant)    Yellow (attach payment, then place in Treasurer's collection bag)    Pink (remains in book)	
Receipt number: _____	(form rev. 02.07)