

# 4H Tall Tails Dog Club Registration

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Child's Email address: \_\_\_\_\_ Parent's email address: \_\_\_\_\_

Does your family have a dog? Y/N How many? \_\_\_\_\_

Will your child be training a dog? Y/N Dog's Name: \_\_\_\_\_

What area of dog training is your child interested in learning? (Circle all that apply)

Obedience                  Agility                  Junior Handling

List any previous dog training experience the child has: \_\_\_\_\_

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What level of obedience is your child interested in achieving? (Circle one)

Just want a well behaved dog

Competition level