

K9 Jym: Dog Fitness, Sports & Training Center Class Registration Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Alternative Phone: _____

Email: _____

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: _____ Any health problems: _____

Veterinarian/Vet Hospital: _____

Class or Seminar you are registering for:

(Please use a separate form for each class and/or for each Dog.)

Class: _____ Amount: _____

We accept credit cards

Please make checks payable to: K9 Jym

(Returned Checks will be assessed a \$35.00 processing fee)

Please complete this form, Along with Hold Harmless waiver, and return to:

K9 Jym Inc.
c/o Debb Kirschner
504 Oak Avenue
Warrington, PA 18976