



<b>E</b> _____ (For Club Use Only)
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# Enrollment Application

<b>Owner Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip</b>
<b>Phone:</b>	<b>Alternate Phone:</b>	
<b>Email:</b>		

**Dogs must be Spayed or Neutered**

<b>Dog Name:</b>	<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Dog Date of Birth (Month/Day/Year):</b>	<b>Date Dog Joined Your Family:</b>
<b>Breed 1:</b>	<b>Breed 2 (if applicable):</b>
<b>Color:</b> Black <input type="checkbox"/> Orange <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Tri Color <input type="checkbox"/> Yellow <input type="checkbox"/>	<b>Markings:</b> Brindle <input type="checkbox"/> Merle <input type="checkbox"/> Speckled <input type="checkbox"/> Spotted <input type="checkbox"/> Parti-color <input type="checkbox"/> Solid <input type="checkbox"/>

**Three ways to pay!**

Submit this completed enrollment form, along with your \$19.00 payment, to your Event Organizer. Payment for Canine Partners enrollment must be separate from event fees for competition.

- Credit Card (be sure to complete the Credit Card authorization below)
- Cash             Check (make checks payable to American Kennel Club)

Visa  MasterCard  American Express  Discover

Account Number (no dashes)

Exp. Date

/

Signature: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_