



Enrollment Application

Owner Name:		
Address:		
City:	State:	Zip
Phone:	Alternate Phone:	
Email:		
Linan.		
Dogs must be Spayed or Neutered		
Dog Name:	Sex: Male - Female -	
Dog Date of Birth (Month/Day/Year):	Date Dog Joined Your Family:	
Breed 1:	Breed 2 (if applicable):	
Color:	Markings:	
Black □ Orange □ Gray □	Brindle Me	erle 🗆
Blue □ Red □ White □	Speckled Speckled	ootted 🗆
Brown □ Tan □ Tri Color □	Parti-color So	olid 🗆
Yellow □		
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 ☐ Discove	or \square	
Account Number (no dashes) Exp. Date		
Signature:		
Printed Name of Cardholder:		