

**OBEDIENCE CLUB OF DAYTONA, INC**

**P.O. BOX 290822 ATTN: Agility**

**PORT ORANGE, FLORIDA 32119**

**CHECKS MADE TO: OCOD, INC.**

**AGILITY TRAINING APPLICATION**

Please Type or Print

**"CURRENT LEVEL"**

Level    \_\_\_ Foundation 1    \_\_\_ Foundation 2  
          \_\_\_ Novice    \_\_\_ Open    \_\_\_ Master

Semester    Fall            Winter            Spring

Tested    \_\_\_ Yes    \_\_\_ No

Passed    \_\_\_ Yes    \_\_\_ No

PAYMENT \_\_\_\_\_ Ck/Ca # \_\_\_\_\_

                  Class Credits \_\_\_\_\_

Notes \_\_\_\_\_

Owner's Name \_\_\_\_\_ OCOD MEMBER?    \_\_\_ Yes    \_\_\_ No

Handler's Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Age of Handler (if under 18) \_\_\_\_\_ Parent or guardian MUST be present at all training classes

DOG'S call name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Neutered or Spayed    \_\_\_ Yes    \_\_\_ No    Veterinarian \_\_\_\_\_

Have you trained in agility with this dog before \_\_\_\_\_ Where? \_\_\_\_\_

To what level of competence ? \_\_\_\_\_

Any agility, obedience, or other titles on this dog or other dogs ? \_\_\_\_\_

**THE OTHER SIDE FOR AGREEMENT TO HIOLD HARMLESS WAIVER AND ASSUMPTION OF RISK**

**MUST BE SIGNED TO ENTER THE AGILITY PROGRAM WITH OCOD, INC.**