

FOSTER'S TRAINING CENTER

1080 White Road Antioch, IL 60002 (847) 838-0523
www.fosterstrainingcenter.com

APPLICATION FOR SIX WEEK TRAINING CLASSES *(For use during the Covid-19 pandemic)*

OWNER(S): _____ DATE: _____

ADDRESS: _____ RES. TEL. _____

CITY: _____ STATE: _____ ZIP: _____

BREED OF DOG: _____ CALL NAME: _____

SCHEDULE OF CLASSES		
<u>Puppy</u>	<u>Beginner</u>	<u>Intermediate</u>
6:30 pm - Mon	6:30 pm - Tues	6:30 pm - Thur
10:00 am - Wed	11:00 am - Wed	

This application must be completed by an owner of the dog undergoing training. The training fee must accompany this application. Minors may train with the approval of the training director, in which case the application must be signed by the responsible adult.

Our Training Class Rules were established for the protection of our students and dogs. The Director of Foster's Training Center has complete authority over the training programs and may dismiss from class, on either a temporary or permanent basis, students who fail to comply with the class rules. A copy of these rules must be provided to you at the time you receive this application for training. Since class sizes are limited, it is helpful if applications can be completed and returned to us with the indicated tuition at least a week prior to the start of class.

The starting date for your class is ____ / ____ / ____ . All courses meet 1 hour per week for 6 weeks. The tuition for each is \$150 and checks may be made payable to Foster's.

I, as owner of the subject dog, hereby apply for training privileges at Foster's Training Center and agree to abide by its Training Class Rules. I assume full responsibility for the conduct of my dog while on the Center's premises and release Foster's Training Center from any and all claims, actions or causes of action arising out of or in connection with said training classes. I have read, understand and signed the waiver on the reverse side.

Further, I certify that the dog indicated on this application had a fecal examination and inoculations for distemper, rabies (except when puppies are too young for this), parvo virus and canine cough as evidenced by the animal hospital/veterinarian receipt enclosed herewith or to be provided at the start of class.

Applicant Signature _____ E-mail: _____