

**BOWSERS TRAINING REGISTRATION**  
**(231) 264-8408**

Your name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

- Select Class Type**
- **Puppy Start Right**
  - **AKC S.T.A.R. Puppy**
  - **Canine Good Citizen**
  - **Reactive Dog**

How did you hear about our program? \_\_\_\_\_

What are your training goals? \_\_\_\_\_

**DOG INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ Sex \_\_\_\_\_

Veterinarian Name /location \_\_\_\_\_

**WAIVER AGREEMENT**

I certify that I will hold harmless any and all persons connected in any capacity whatsoever in regards to any Bowers classes from any and all liability, cost, and expense for any injury or damage sustained by or to myself, or by or to my dog(s).

Signed \_\_\_\_\_ Date \_\_\_\_\_

- **CLASS FEE** \_\_\_\_\_

- **No refunds after class #2**

- **Multiple dog discount available**

**Make checks payable to: Bowers**

**To register, please submit full payment with a copy of the dog's vaccination record PRIOR to entry in the facility**

**Remit payment to: Bowers By The Bay  
201 EC Loomis Dr.  
Elk Rapids, MI 49629**