



iQ Agility Club Class Registration Form

www.iQagilityclub.com

info@iQagilityclub.com

917-434-3797

Name of Class: _____

Day & Time of Class: _____

Handler's Name: _____

Handler's Address: _____

Phone Number: _____

Email Address: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Gender: Male Female

Dog's Age: _____

Has this dog ever bitten a person: Yes No

Has this dog ever bitten another dog: Yes No

If so please explain: _____

Please remit a check in the appropriate amount payable to **iQ Agility Club** along with this completed form to **8 Kinnaman Ave. Washington, NJ 07882**
Please submit a separate registration form and check for each dog being registered as well as for each class you are registering for.