

**PHILADELPHIA DOG TRAINING CLUB**  
*A non-profit organization founded in 1938*  
MEMBER: AMERICAN KENNEL CLUB  
MEMBER: PENNSYLVANIA FEDERATION OF DOG CLUBS

**APPLICATION FOR THE 6 WEEKS OF PUPPY- K TRAINING**

**NOTE: Puppies must be at least 7 weeks old on the starting date of class.  
Immunization records are required at start of class.**

Classes meet on Thursday evenings at 7:PM & 8 PM. This course is 6 weeks in duration. The course fee is \$110.00 for the 6 weeks payable to PDTC. **Student & Dog Profiles must accompany this application for processing.** Mail to: D. Koch 3725 Woodland Av. Drexel Hill, PA 19026. You will receive an email confirmation with instructions prior to your class start.

**Training Director: Barbara Doering :: Instructor: Bonnie James**  
***Classes are held at***  
***St. Aloysius Academy: 401 S. Bryn Mawr Ave. Bryn Mawr, PA 19010***

Owner' Name: \_\_\_\_\_ Home #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed/Mix: \_\_\_\_\_

Age of Dog: \_\_\_\_Weeks Sex of Dog: Male / Female

How did you learn of the Puppy – K Course? \_\_\_\_\_

**For questions and upcoming classes, please call The Philadelphia Dog Training Club, Inc at 610-853-9601 or visit our website at [www.philadelphiadogtraining.org](http://www.philadelphiadogtraining.org).**

Indicate your preferred starting date below

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

**WAIVER**

I certify that I have no current or pending disciplinary actions with the American Kennel Club and that I will abide by the rules and regulations of the Training Classes and Constitution and By-Laws of the Philadelphia Dog Training Club, Inc. (Hereafter PDTC). I waive and release PDTC and St. Aloysius Academy (SAA), their employees, members, volunteers, and directors from any and all liability of any nature for injury or damage which I or my dog may suffer while attending any training session or other function of this training facility or while on the training grounds or surrounding areas. Upon acceptance of my application I agree to indemnify and hold harmless PDTC and SAA, their employees, members, volunteers and directors from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility or while on the training grounds or the surrounding area. I hereby give PDTC permission to use my name & any photograph of me and or my dog in any way it deems appropriate for informational and training purposes relating to PDTC activities. Such use by PDTC includes, but is not limited to, use in its newsletter or any other publications, use in newspaper or magazine articles about PDTC, use in videos or on web pages or internet sites for training or informational purposes concerning PDTC, or use in any other written or non-written informational materials concerning PDTC and its activities.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ALL ITEMS MUST BE COMPLETED, FORM SIGNED & PAYMENT RECEIVED FOR REGISTRATION TO BE PROCESSED.  
REFUNDS PRIOR TO STARTING DATE ARE SUBJECT TO \$25 PROCESSING FEE.