Join us at **GOLDEN GRANGE KENNELS** for our upcoming semester of dog training classes!

Please call for detailed information on any of the classes offered this semester. **609-324-3647**

MONDAYS	TUESDAYS 6/10, 6/17, 6/24, 7/1, 7/8, 7/15, 7/22	WEDNESDAYS 6/11, 6/18, 6/25, 7/2, 7/9, 7/16, 7/23	THURSDAYS 6/12, 6/19, 7/3, 7/10, 7/17, 7/24, 7/31	FRIDAYS
	6:00 - 7:00 PM Agility Instructor: Nicole Logan Cost: \$175	5:00 - 6:00 PM Puppy Kindergarten (Dogs 2-5 months of age) Instructor: Joe Mosner Cost: \$175	5:00 - 6:00 PM Agility Instructor: Lyndsay Coppola Cost: \$175	
	7:00 - 8:00 PM Agility Instructor: Nicole Logan Cost: \$175	6:15 - 7:15 PM Basic Obedience 1 Instructor: Joe Mosner Cost: \$175 Alumni Dog: \$150	6:00 - 7:30 PM Agility Instructor: Lyndsay Coppola Cost: \$175	

IMPORTANT!!! PLEASE READ!!!

Class schedule is subject to change based on enrollment. Please complete the reverse side of this form to enroll in a class. One dog may be enrolled per form, per class. **Please use a separate form for each additional dog or class that you wish to enroll.** A leather or nylon leash (no retractable / flexi leashes permitted) and soft treats (sliced hot dogs, cubed cheese, etc) are required for class. A <u>copy</u> of your dog's current vaccination records for <u>Rabies, Distemper / Parvo, and Bordetella</u> must also be provided for all dogs enrolled in training classes, with the exception of puppies, who are expected to provide the most up to date records available. If your vaccinations expire during the course of the semester, you are required to update our records when you update the vaccination. Dogs enrolled in nose work classes must be able to rest in a crate or car while waiting their turn. All students enrolled in classes will receive a phone call, approximately one week prior to the start of class, to confirm enrollment. Please be advised that there are no refunds after the first week of classes. Payment can be made in the form of cash or check only.

2025 Dog Training Enrollment Form GOLDEN GRANGE KENNELS, LLC

Handler's Name:				
Address:				
Home #:	Cell #:			
Work #:	Email:			
Dog's Name:	Breed:			
Dog's Date of Birth:	Age Acquired:	Color:		
Sex (Circle one): M F	Spayed/Neutered?	_ Dog's Weight:		
Has your dog ever bitten an <i>If yes, please explain briefly:</i>				
Training Concerns:				
Desired Class:	Day & Time:			
** By signing here, I assert that I have I also agree to abide by the rules and re				
Signature:		Date:		
-	cash or check payment and <u>current v</u> Golden Grange Kennels 134 Chesterfield Georgetown Road Chesterfield, NJ 08515 Fax: 609-291-9422	r accination records to:		

Fax: 609-291-9422 www.goldengrange.com

Mondays	Tuesdays Starting 6/10	Wednesdays Starting 6/11	Thursdays Starting 6/12	Friday
	6:00 - 7:00 Agility	5:00 - 6:00 PM Puppy Kindergarten	5:00 - 6:00 Agility	
	7:00 - 8:00 Agility	6:15 - 7:15 PM Basic Obedience 1	6:00 - 7:30 Agility	