



CHIEF SOLANO KENNEL CLUB  
PO Box 208  
Elmira, CA 95625 0208  
[HTTP://chiefsolanokennelclub.org](http://chiefsolanokennelclub.org)  
[chiefsolanokennelclub@gmail.com](mailto:chiefsolanokennelclub@gmail.com)  
(707) 469 3153

### TRAINING REGISTRATION

All information is required

#### Owner Information:

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Name

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Street Address

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City

Zip

Phone#

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Email

#### Dog Information:

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Breed

Sex

Call Name

Age

Where did you hear about our training classes? \_\_\_\_\_

### OWNER CERTIFICATION

1. I certify the above named dog is over four (4) months of age and has received the following required immunizations: a) Canine Distemper, b) Canine Hepatitis, c) Parvovirus, d) Parainfluenza and g) Rabies.
2. I hereby release CHIEF SOLANO KENNEL CLUB, INC., its members, directors, officers, and any contractual employee(s) thereof, from any liability or damage to my dog, myself or property. I further release CHIEF SOLANO KENNEL CLUB, INC., its members, directors, officers, and any contractual employee(s) thereof, from any responsibilities, damages, or pecuniary liability for resultant civil suits between myself and any other enrollees in, attendees of, or visitors to, classes conducted by or for CHIEF SOLANO KENNEL CLUB, INC.
3. I understand and agree that refunds for enrollment fees will NOT be made after two (2) training classes have been conducted, regardless of my attendance, except under special circumstances. Requests for refunds may be made under these special circumstances to the Board of Directors of CHIEF SOLANO KENNEL CLUB, INC. who will have sole responsibility for granting the refund requested.

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Signature of Owner(s)

Date

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FOR CSKC USE ONLY

Class# \_\_\_\_\_

Fee Paid by: ( ) Check ( ) Cash