

HOMESTEAD FARM
CLASS REGISTRATION FORM

NAME _____ DOG'S NAME _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

TRAINING BACKGROUND OF THIS DOG _____

CLASS _____

DATES/TIMES _____

FEE ENCLOSED _____

PLEASE RETURN THIS REGISTRATION ALONG WITH YOUR CHECK MADE PAYABLE TO:

MARY JO LAVIN

10 SLAB CITY ROAD

NORTH BROOKFIELD, MA 01535