

# Tailwaggers 4-H Dog Project Registration

Name: \_\_\_\_\_ Parents Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email address (will only be used for club updates) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age as of Jan. 1<sup>st</sup>, this year \_\_\_\_\_  
If you belong to a 4-H club other than Tailwaggers, please list it \_\_\_\_\_

Classes available – please check all that apply

## Obedience

Beginners (all exercises done on leash)

\_\_\_ new members without training experience

\_\_\_ members repeating this class

Advanced/Rally (some exercises done off leash, retrieving, glove and scent articles)

\_\_\_ Level #1 (Novice & Grad Novice) jumping

\_\_\_ Level #2 (Pre-Open & Open) retrieving dumbbells

\_\_\_ Level #3 (Pre-Utility & Utility) scent articles and gloves

\_\_\_ Level #4 (Rally) all levels

**Showmanship** (learn how to present their dog in a conformation show.  
dog anatomy, grooming, and gaiting)

\_\_\_ Beginners

\_\_\_ Advanced

**Agility** (learning to run a numbered obstacle course)

Note: Instructors have final say in which class, members are placed in.

**Enrollment in agility classes requires a completed year of 4-H obedience**

\_\_\_ Beginners (all exercises done on leash)

\_\_\_ Advanced (working on doing obstacles off leash)

**Dog #1:** Name \_\_\_\_\_ Dog's age \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Breed \_\_\_\_\_ Classes and level, this dog is signed up for \_\_\_\_\_

**Dog #2:** Name \_\_\_\_\_ Dog's age \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Breed \_\_\_\_\_ Classes and level, this dog is signed up for \_\_\_\_\_

Fees: One dog.....\$20.00

Two dogs...\$23.00

Insurance ..\$1.00 This fee is for young people that belong to the Tailwaggers project only and do not participate in any other 4-H club.

- **If you have a disability ( ie. hearing impairment, heart, asthma, allergy) that will affect your ability to train, please inform the instructor the first night of training.**

THIS SECTION IS COMPLETED BY PROJECT LEADERS

Vaccination record:

DHLP/Parvo \_\_\_ Rabies \_\_\_ Fecal Exam: Date \_\_\_\_\_ Result \_\_\_\_\_

Fees collected \_\_\_\_\_