



AXSTANE AGILITY CLUB

Waiting List Form



First Name:	
Surname:	
Address:	
Postcode:	
Email address:	
Telephone No.:	
Mobile Telephone No.:	
*Are you under 16 years of age?	Yes/No <small>Anyone under 16 must be accompanied by an adult at all times who will be responsible for their actions</small>
Dog's Pet Name:	
Dog's Date of Birth or Approx Age:	
Breed of Dog:	
*Sex of Dog:	Dog/Bitch
*Height of Dog at Shoulders:	Large (over 43 cms) Medium (35-43 cms) Small (under 35 cms)
What previous obedience experience do you and your dog have?	
What previous agility experience do you and your dog have?	
What other activities do you do with your dog?	
<i>I declare that the above information is correct to the best of my knowledge</i>	
Signed:	
Date:	
Your name will be added to our Waiting List and when a suitable training session becomes available, we will contact you	
Please return completed form to: Suzy Iredale, 64 Bridgen Road, Bexley, Kent, DA5 1JF	

**Please delete as appropriate*