



2016 Dog Project Year – First-Year Member Information

(Please Print Clearly)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Date of Birth: Month: _____ Date: _____ Age as of January 1, 2016: _____

Name of Parent or Guardian: _____

4-H Club Name: _____

Number of years in 4-H (including this year): _____ Number of years in the 4-H Dog Project (including this year): _____

Are you on the dog project board of directors for 2016 year (please circle one): YES NO

Dog's Call Name: _____

Sex of Dog: Male Neutered Male Female Spayed Female

Age of Dog: _____

Is your Dog: Purebred Mix

Breed of Dog: _____

List any health issues your dog has: _____

Select one training time from list below:

At 6:30– 7:15 p.m.

At 7:15 – 8:00 p.m.

You may be asked to change class times if one of the classes is too full or too small. If you must have a specific class, please list reason below.

