

2016 Dog Project Year – Second 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:		
Number of years in 4-H (including	g this year): Number of years in	the 4-H Dog Project (including this year):
Are you on the dog project board	d of directors for 2016 year (please circle one)): YES NO
Dog's Call Name:		
Sex of Dog: Male Neutered Ma	le Female Spayed Female	
Age of Dog:		
Is your Dog: Purebred Mix		
Breed of Dog:		
List any health issues your dog h	as:	
	s(es) for 2016 by circling the class on bers must take an obedience class.	
5:45 – 6:30 p.m.		
Showmanship		
6:30 – 7:15 p.m.		
Beginner Obedience –	THIS CLASS IS MANDATORY.	
7:15 – 8:00 p.m.		

Beginner/Senior Dog Agility- MUST stay after class until all equipment is put away every week.