



Do you and your dog have a failure to communicate?

The Berks County Dog Training Club can help

2010 basic skills classes start in January, April, June and September

By enrolling in our eight-week course, you will learn how to teach your dog to sit, lay down, stand, stay, walk nicely on a leash and come when called. All classes are one hour long.

The orientation session without dogs will be at 7 p.m. The 8-week training course begins the week following orientation at your scheduled time. Directions will be mailed with your class confirmation.

In fall and winter, you may choose a 6 p.m., 7 p.m. or 8 p.m. class. Classes are held at the 4-H Community Center in Bern Twp. on Tuesdays.

Spring and summer classes are available Mondays and Tuesdays at 7 p.m. and Saturdays at 10:30 a.m. and are held outdoors at the Sinking Spring Fire Co.

Class orientation dates for 2010 are: Jan. 12, April 6, June 22 and Sept. 14 and will be held Tuesday at 7 p.m. Your normal class time/day will start the following week.

Your registration must be **RECEIVED** one week prior to the start date. Visit our Web site, www.berksdogtraining.org, for more about our organization and to see pictures from our classes.

Our classes fill quickly so don't be disappointed. Complete, cut and return the bottom portion of this form with your check for **\$90 made payable to BCDTC** as soon as possible.

Mail to: Harry Stiller, 213 Bard Ave., Sinking Spring, PA 19608.

You are not enrolled until we receive your registration form and check!

Once your application is accepted, you will become a training member of the Berks County Dog Training Club and information about club membership will be mailed to you with your confirmation letter.

Cancellation policy: If you cancel before orientation you will receive a refund, less a \$15 processing fee. If you cancel after orientation, NO refund will be given except for medical reasons (but you will have the option to attend a later 2010 class).

Club phone voicemail: **610-670-7009.**



NAME _____ (one person will be the member)

ADDRESS _____

E-MAIL _____ Newsletter preference, circle one: **e-mail** or **USPS**

PHONE _____ (HOME) _____ (work or cell)

DOG'S NAME _____ BREED _____ Age _____ SEX _____

Preferred class, **circle one:** **FALL / WINTER indoors at 4-H:** 6 p.m. 7 p.m. 8 p.m. on Tuesday

Spring/Summer outdoors at SSFC – Monday 7 p.m. or Tuesday 7 p.m. or Saturday 10:30 a.m.

Signature: _____

By signing above, I certify my dog(s) has/have a current rabies vaccination.

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