West Fargo Dog Obedience School

The West Fargo Park District offers dog obedience training in 8 wk sessions at the Veterans Memorial Arena on Wednesdays. The instructor is Doug Spieker. He has many years of training experience. For more information call the park office at 433-5361, or log onto wfparks.org

Location: Veterans Memorial Arena Community Room
1201 7th Ave. E. West Fargo

Cost: **All classes $50**

Class descriptions:

1) Puppy Kindergarten/7 weeks - 5 months
-Basic obedience steps: walk, sit, down, stay & come - health & nutrition

2) Beginner/5 months and older
-Basic obedience commands such as heel, sit, down, come, stand & stay

3) Advanced Beginners/must complete Beginners
-Distraction training & hand signals - obey off leash, retrieve & do tricks

4) Novice/ must complete Advanced Beginners

What to Bring:

1. Dog with shots - Distemper, Parvo, and Bordetella
2. Collar and leash
3. This form completed with payment.

Dates of upcoming classes ****(Please circle class attending)******

***Classes meet one time per week for 8 weeks.

August 11, 2010 **Oct 20, 2010** **Jan 12, 2011**

Class Schedule: (may be subject to change) ***** (Please circle class attending)******

Wednesday		**Wednesday**	
5:30-6:30	Novice	7:30-8:30pm	Beginners
6:30-7:30pm	Puppy Kindergarten	8:30-9:30pm	Advanced Beginners

I understand and agree that:
I am entering this activity at my own risk and assume all risk & responsibility for injuries my dog or I may incur or cause as a direct or indirect result of my participation. I for myself, heirs and executors, also agree not to hold any or all participating sponsors, the West Fargo Park District, supporters or the directors, employees and agents of such parties responsible for any claims. I verify that I have full knowledge of the risks involved in this activity and my dog and I are fit to participate in.

I also realize that the West Fargo Park District does not carry medical or accident insurance for my dog, myself, or participants of this activity. The WF Park District suggests that I review my family's health insurance plan to be sure it provides sufficient coverage.

Name *(sign)* _____ Date _____

Name *(print)*_____

Address_____

City_____ State_____ Zip _____

E-mail Address_____

Phone (H)_____(W)_____

Class Session Attending: _____

Payment Method
(Registration not complete w/o payment)
_____Check or Money Order
***Payable to West Fargo Park District**

_____Visa _____Master Card _____Discover

_____
Card Holder's Name Expire Date

_____
Credit Card Number

Signature_____

Return To: **West Fargo Park District**
500 13th Ave. West P.O. Box 762
West Fargo, ND 58078 Ph # 701-433-5360 Fax: 701-433-5369