

PEE WEE CLASS ENTRY FORM

Child's Name _____

Birth Date _____

Dog's *Registered* Name

Dog's *Call* Name

Dog's Date of Birth _____

Parent/Guardian

Adult's Address

Adult's Phone _____

Adult's E-mail _____

RETURN FORM to:

Becky Feigh / Pee Wee Entry
18 Thornhurst Dr.
Carmel, IN 46032