



Orchid Isle
DOG AGILITY

OIDA Club Member Registration

Name:			
Address:		City:	
		Zip Code:	
Email:			
Phone #1		Phone #2	

Dogs Participating in Agility Classes		Under Level, Indicate Jump Height (If Known)			
Breed	Name & Age	Pre-Agility	Novice	Intermediate	Advanced

Please describe any Agility Titles, Training & Competition experience:
Please List Other Dog Clubs/ Organizations you belong to:
Please List Names of Your OIDA Club Sponsors (2):

By signing this application and waiver, I agree to abide by the Code of Conduct and By-Laws of the Orchid Isle Dog Agility Club and to adhere to all safety rules and regulations of the club and of the training facility.

Signature(s): _____ Date: _____

Membership: Individual (\$15)___ Family (\$20) ___ Junior (\$10) ___ Lifetime: (\$200)___

Please return this registration form with payment to: Tobi Feves, HCR 1, Box 5309 ; Keaau, HI 96749 email: K9LUVR@aol.com