



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 have belonged to (most recent first):
Name, Signature and Date of OIDA Club Sponsor # 1:
Name, Signature and Date of OIDA Club Sponsor # 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 the training facility.

Signature(s): _____ Date: _____

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

Please return this registration form with payment to:

**OIDA Membership Chairperson
P.O. Box 10149
Hilo, HI 96721**

email: OrchidIsleDogAgility@gmail.com