Michigan Flyways Retriever Club 2018 Application for Retriever Training at Jorgensen Farms

Name:	
Address:	
City:	State: Zip:
Home phone:	Cell Phone:
Email address:	
Primary Vehicle (make & model):	
License plate State/Number:	
Secondary Vehicle (make & model): _	
License plate State/Number:	
<u>Type of Membership:</u> Make che	ck payable to MFWRC
Club member training my dog(s)	or dog(s) owned by direct family members
Household Club member training	g my/our dog(s) owned by direct family members
I have read and, by my signature below order to train dogs on this property.	v, agree to abide by all rules and guidelines in
Signed:	
Print Name:	

Date: _____ 2018 Training Membership Number: _____