



# October 2019 CLASS SCHEDULE

**CALL 425-486-9567 TO REGISTER**

**>>>> BASIC BEHAVIOR & OBEDIENCE SERIES <<<<<**

Oct	5	Sat	11:30AM-1:00PM	Basic Behavior & Obedience	ROOM 2	VS	7wks	\$265
Sep	12	Thur	10:30AM-12:00PM	Basic Behavior & Obedience	ROOM 1	CM	7wks	\$265
Oct	5	Sat	1:30PM-2:30PM	Beyond Basic (Requires completion of BBO)	ROOM 2	VS	7wks	\$175

**>>>> JUST FOR PUPPIES <<<<<**

Oct	5	Sat	9:45AM-11:15AM	Puppy Basics (Puppies 12-20 Weeks)	ROOM 2	VS	7wks	\$265
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**>>>> SPECIALTY CLASSES <<<<<**

Oct	5	Sat	3:00PM-4:00PM	Foundation Agility (intro for those with no exp)	ROOM 2	VS	7wk	\$175
Weekly		Wed	7:15PM-8:30PM	Conformation Handling Class Drop-In	ROOM 2	SD	WEEKLY	\$10

**>>>> CGC TESTING SERVICES AVAILABLE CALL TO SCHEDULE <<<<<**

We reserve the right to cancel any class that has fewer than 6 students.

**Refunds only issued 7 days prior to the start of the first class of the session.**

AOCB is proud to announce we are returning to our 7 week class schedule!!

Come out and enjoy the in-depth and informative classes.



**This Coupon is good for 10% off class prices!!**

(Limit one per dog per class, valid for Oct 2019 session, can not be combined with any other discount)

Take pride watching the change in your dog as you learn to build a better relationship.

Bring dogs, leash, collars, a rug or pad for them to lay on, & soft treats to the first week of class.

-----DETACH HERE-----

**For the safety and comfort of our clients, children Oct not approach or attempt to interact with other dogs. Families that fail to manage their children will be excused without refund.**

**RETURN REGISTRATION WITH PROOF OF VACCINES BEFORE START OF CLASS**

First Class Choice _____	Second Class Choice _____
Name _____	Dog's Name _____
Address _____	Breed _____
City _____ Zip _____	Age of Dog _____
Phone _____	Last Inoculation Date _____
I register the dog(s) named above and release the Academy of Canine Behavior and all instructors from all liability for damages or injuries of any nature that Oct arise in connection with classes. I have attached proof of current vaccinations.	
Owner Signature: _____	Date: _____