



# Dog Project Year – First-Year Member Information

(Please Print Clearly)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Age as of January 1, 2016: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

4-H Club Name: \_\_\_\_\_

Number of years in 4-H (including this year): \_\_\_\_\_ Number of years in the 4-H Dog Project (including this year): \_\_\_\_\_

Are you on the dog project board of directors for 2016 year (please circle one): YES NO

Dog's Call Name: \_\_\_\_\_

Sex of Dog: Male Neutered Male Female Spayed Female

Age of Dog: \_\_\_\_\_

Is your Dog: Purebred Mix

Breed of Dog: \_\_\_\_\_

List any health issues your dog has: \_\_\_\_\_

Select one training time from list below:

At 6:30– 7:15 p.m.

At 7:15 – 8:00 p.m.

You may be asked to change class times if one of the classes is too full or too small. If you must have a specific class, please list reason below.

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