



GATEWAY TRACKING CLUB

ST. LOUIS, MO

TRACKING CLASS APPLICATION

September 8, 2019

Beginning Novice Class 6 weeks \$ 125.00

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Equipment needed: Buckle collar non-resistive harness 6 ft and 30 ft leads cookies for dog water

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APPLICANT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

TELEPHONE #S HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_ CALL NAME \_\_\_\_\_

Rabies tag # \_\_\_\_\_ Date of vaccination \_\_\_\_\_ VET \_\_\_\_\_

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DO YOU HAVE EXPERIENCE IN THE FOLLOWING:

TRACKING OF ANY KIND \_\_\_\_\_ IF YES, WHAT KIND \_\_\_\_\_

OBEDIENCE \_\_\_\_\_ RALLY \_\_\_\_\_ SCENT WORK \_\_\_\_\_ Agility \_\_\_\_\_

IF YES, WHAT LEVEL \_\_\_\_\_

It will be necessary to do a considerable amount of walking during this class in ALL types of weather and over varying terrain. As The handler, are you physically able and willing to do this? YES \_\_\_\_\_ NO \_\_\_\_\_

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In consideration of the acceptance of this application, I agree to hold GATEWAY TRACKING CLUB and all of members of said club harmless for any loss or injury, from whatever cause, which may occur upon or within the vicinity of the training premises, to (1) said dog, myself, or any person handling or training said dog on my behalf, or (2) to any person, animal, or thing which may be alleged to have been caused by said dog, myself, or any person handling or training said dog on my behalf.

DATE \_\_\_\_\_ Signature \_\_\_\_\_

For more information contact

GATEWAY TRACKING CLUB Sandi Thompson, Secretary 1561 Berry Ct, Arnold, MO 63010 314-640-9889 gatewaytracking@yahoo.com