



Michigan 4-H Freestyle Obedience Regional Training Registration

Participant name: _____ Age: _____

Address: _____

Phone: _(_____)_____ E-mail address: _____

Years in 4-H: _____ Years in 4-H dog project: _____

Parent or guardian name: _____

Address: _____

Phone: _(_____)_____ E-mail address: _____

County: _____

Dog leader's name: _____

Dog leader's phone: _(_____)_____

Experiences in dog handling (obedience, agility, rally, conformation, freestyle, disc, etc.):

Please return the completed form **by January 15, 2008**, to:

Denise Massey

14961 32nd St.

Gobles, MI 49055

E-mail: *massey49055@yahoo.com*



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