

I.C.K.C. ALL BREED Winter 2010 CONFORMATION CLASSES

The *Illinois Capitol Kennel Club's Winter 2010 Conformation Classes* will be held on **MONDAY** evenings beginning **January 11, 2010** for Six (6) weeks. Classes will begin at 5:45 PM for one hour. These classes are designed to assist and train both the novice and experienced exhibitors in preparing themselves and their dogs for breed competition in the sport of exhibiting dogs.

All dogs must be **FOUR MONTHS** of age when the classes begin and must have had their ***Rabies, Distemper, and Parvo vaccinations***. Please bring proof of shots to the first night of classes. **NOTE:** No unentered dogs will be allowed in the building

LOCATION: Capitol Canine Training Center, 209 E. Walnut, Chatham IL [East of Post Office]

REGISTRATION: Registration will be at 5:45 PM on Monday (first night of class), January 11, 2010.

FEES: \$40 for the first dog and \$5 for each additional dog **owned and exhibited by the owner.** No substituting dogs will be allowed. Walk-ins are \$8 @ session.

CLASS DATES: Classes will be on Monday evenings for 7 weeks: Jan. 11, 18, 25, and Feb. 1, 8, & 22.
[No Class on February 15]

CLASS TIME: Classes will be for one hour each: 5:45 - 6:45 p.m.,

THINGS TO REMEMBER: Show lead or choke collar and leash. Exercise your dog before class.
NO UNTERED DOGS IN BUILDING

REGISTRATION FORM (Complete and bring to class on first night)

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (Day) _____ (Evening) _____ (Cell) _____

Breed of Dog _____ Name _____ Age _____

Breed of Dog _____ Name _____ Age _____

EXPERIENCE: Dog: Beginner _____ or Experienced _____ Handler Beginner _____ or Experienced _____

DATE OF SHOTS: DHL _____ RABIES _____ PARVO _____

(NOTE PROOF OF SHOTS MUST BE PROVIDED FIRST NIGHT)

I understand that neither the Illinois Capitol Kennel Club, Inc. nor the Capitol Canine Training Center will not be responsible for any accidents or injuries to person or dogs during these classes. I further agree to be totally responsible for actions of my dog and myself

Signed _____ Date _____

Make All Checks Payable to: ILLINOIS CAPITOL KENNEL CLUB, INC.

If you should need additional information please call Jodi Childers (217) 546-6193