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| **Membership Enquiry Form** | | |
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| Your name: |  | |
| Your age (if under 18): |  | |
| Your dog's name: |  | |
| Your dog's age (must be over 1 year old): |  | |
| The breed of your dog |  | |
| A contact phone number: |  | |
| A contact email address: |  | |
| If you will not be the handler, the name and age of the handler: |  | |
| Your and your dog’s standard in obedience and agility. (Please note no prior experience is required but if you have some, knowing it will help us slot you into the right class): |  | |
| Any other addition information that you require or think may be relevant: |  | |

Please email completed form to [enquiries@southdownsagilityclub.co.uk](mailto:enquiries@southdownsagilityclub.co.uk)