



WDTA 494a Kerikeri Rd, RD 3, Kerikeri 0293
(Affiliated to the New Zealand Kennel Club)

www.wdta.org.nz

President: **Chris Gillespie**
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Enrolment Enquiries: **Francine Shields**
enrolmentenquiries@wdta.org.nz

Thank you for your enquiry.

- * Classes are suitable for all dogs, from the age of 4 months
- * The Pet Dog Manners Course is an 8 week course. There may be 2 classes per intake.
- * No handler to be younger than 12 years.
- * Training sessions are held on Monday evenings at the Harvey Norman carpark, commencing at 6.30 p.m.
- * You will be informed by e-mail, snail-mail or phone of your start date.
- * Please allow up to 15 working days for your application to be processed.
- * New classes start approximately every 10 weeks.
- * In everyone's interest, it is essential that your dog's vaccination is up to date.
- * Please bring the certificate with you on the first night, so this can be checked.
- * If your puppy is too young to start, you may put your name on our waiting list.
- * Payment **must** be made with enrolment.

If there is any further help we can give you, please do not hesitate to contact us, in the meantime we look forward to meeting you and your dog shortly.

To enrol by post please complete the form below and return with your cheque of \$100 to:

Pet Dog Manners Enrolments
Whangarei Dog Training Association
P.O. Box 6017, Otaika, Whangarei 0147

To enrol online, save the completed form and email it as an attachment to: enrolmentenquiries@wdta.org.nz .
Please pay \$100 to **ASB No. 123099 0400461 00**. You **MUST** use your name and PDM in the **reference** fields so we can confirm receipt and enrol you in the next available class.

A place cannot be reserved for you until payment is received. (On completion of the course you will be invited to become a full member of the Club to continue with other Obedience-related classes)

Enrolment Form

Name:	<input type="text"/>		
Name dog:	<input type="text"/>	Breed:	<input type="text"/>
		<input type="checkbox"/>	dog
		<input type="checkbox"/>	bitch
Age:	<input type="text"/>	Date of last vaccination:	<input type="text"/>
Previous Training:	<input type="text"/>	Preferred starting date:	<input type="text"/>
Home phone:	<input type="text"/>		
Mobile phone:	<input type="text"/>		
Address1:	<input type="text"/>		
Address2:	<input type="text"/>		
Email:	<input type="text"/>		

(Please print clearly & carefully, we will notify your class details by e-mail, snail-mail, or telephone)

Office Use:

Payment by

Cheque

Internet

Cash

Form received / /

Payment received / /

Class Start / /