

**OUNDLE and DISTRICT DOG TRAINING SOCIETY**

**Joining Fee for new members £2 plus annual membership.**

**Annual Membership:- £5 single, £6 joint, £7 Family.**

**Each class is £4 with reduced fees for additional dogs or classes with same handler.**

**ALL CLASSES HELD ON WEDNESDAY EVENINGS AT HALEFIELD NEAR WOODNEWTON**

**RINGCRAFT.** A CLASS FOR SHOW DOGS, FROM BEGINNERS TO CHAMPIONS.

7.30pm to 8.30pm . Ann Keightley, Gill Smurthwaite, Barbara Ward.

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**OBEDIENCE.** ALL CLASSES WORK TOWARDS THE KENNEL CLUB GOOD CITIZEN AWARDS.

**NEW INTAKE.** 6.45pm to 7.30 pm Barbara Ward

**FOUNDATION.** 7.00pm to 8.00 pm. Sally Parkins

**\*BRONZE.** 8.00pm to 9.00 pm. Susan Elliott

**SILVER.** 7.00pm to 8.00 pm. Denise Thurlby

**\*GOLD.** 8.00pm to 9.00 pm. Peter Ward

**\* During January 2012 these classes will be held at 7.00pm.**

Trainers may vary according to holiday and other commitments.

To ensure the smooth running of each training session, it is requested that there is only one handler per dog per class. You are requested not to change handlers during the session, if there are two or more people wishing to train the same dog it is far better to train week and week about.

Please do not bring bitches in season or dogs showing any sign of illness. All dogs must be fully vaccinated with conventional vaccines and certificates must be produced on joining or renewing subscriptions. Please do not enter stables or fields without permission. Children must be supervised at all times.

**ALL DOG WASTE MUST BE TAKEN HOME FOR DISPOSAL.**

**Contact number** for the society is: 01832 293432. E-mail: [oundledogs@aol.com](mailto:oundledogs@aol.com).

**Web Site:** [www.oundledogs.co.uk](http://www.oundledogs.co.uk) . Please check website when weather is snowy or very icy.

-----DETACH HERE

**FILL IN BELOW USING BLOCK CAPITALS PLEASE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed of dog \_\_\_\_\_

Obedience or Ringcraft \_\_\_\_\_

Vaccination Date \_\_\_\_\_ Amount Paid \_\_\_\_\_