

# 4 L VE OF PETS®

## CLASS REGISTRATION

Name \_\_\_\_\_

Organization **Paw Lickin' Good Treats** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Class Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tuition Amount Enclosed \$ \_\_\_\_\_ (make checks payable to Paw Lickin Good Treats)