Salinas-Monterey Agility Racing Team (SMART)

Application for Membership

SMART exists to promote the sport of dog agility at all levels with all types of dogs. Join us for fun, companionship, information and USDAA trials. Questions about membership? Check out our website at http://www.smartagility.com

Name(s):				
Mailing address:				
City:		State:	Zip code:	
Phone:		Email:		
Include me on SMAR	T yahoo group (meeting minute	es, announcements, club i	info, news) Yes	No
With whom do you tra	uin?	Where?	:	
How did you hear abo	out SMART?			
Is there anything you	would like to tell us (other inter	rests/hobbies/pets/skills, e	expected involvement	with SMART)?
Dog information: (me	mbership covers any number o	of dogs; add extra pages a	s needed)	
1) Name:	Breed:	Age: _	M or F Years	s in training
Competing yet? Yes	or No. Venue/level?			
2) Name:	Breed:	Age: _	M or F Years	in training
Competing yet? Yes	or No. Venue/level?			
What other activities	do you and your dog(s) enjoy to	ogether?		
Do you belong to any	other dog clubs?(please list)_			
Types of membership Individual \$25 Household \$35 (if	(please check one): separate emails, please list he	ere):		
I hereby assume sole reagents and assignees hupon any of the aforement sustained by any anima not the same may have I agree that this release	gree to the following: "I understand asponsibility for and agree to inden armless from any and all loss and entioned parties for damage becaul, person or persons, including my been caused or alleged to have be is intended to be as broad and including the balance shall continue in further species."	nnify and hold Salinas-Monted expenses (including legal feuse of bodily injuries, including self, or on account of damageen caused by negligence of clusive as permitted by the la	erey Agility Racing Team es) by reason of the liab ig death, at any time res e to property may be ca the aforementioned pa	n (SMART) and its bility imposed by law sulting there from, sused, and whether or rties or any other reason.
Date:	Signature:			
Parent/Guardian's sig	nature if member is under 18:			
Parent/Guardian's Pri	nted Name:			
Please make checks	payable to SMART and send c	completed application to:		

Kraig Paulsen 16761 Willow Creek Morgan Hill, CA 95037