



LAKE COUNTRY DOCKHOUNDS

SIGN UP AS SCHOOL OR INDIVIDUAL CLASSROOM



SCHOOL ENROLLMENT

School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____

Email: _____

Number of Students: _____ Number of Classrooms: _____

TEACHER ENROLLMENT

School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Teacher Name: _____

Phone: _____

Email: _____

Number of Students: _____



EMAIL FORM TO: INFO@LAKECOUNTRY-LIVE.COM
WWW.DOCKHOUNDS.COM

