



Seminar/Workshop Registration Form

This form is generic used for all seminars and workshops.
Please fill out all applicable areas completely or it may delay your registration.

Handler

Name: _____ JH _____

Address: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Email: _____

Dog if Working Spot

Name: _____ Sex: _____

Age: _____ Jump Height for this seminar/workshop: _____

Any issues that would make working close to another dog difficult? _____

Seminar/Workshop

Name of Seminar/Workshop you wish to attend: _____

Date of Seminar/Workshop: _____

Type of spot: Working: _____ Auditing: _____

Day 1 Full day: _____ Morning Only: _____ Afternoon Only: _____

Day 2 Full day: _____ Morning Only: _____ Afternoon Only: _____

I am paying by paypal: _____ (preferred method) cheque: _____ Amount paid: _____

Signature (parent or guardian if under 18)

Date

(Note handler's/guardian's name typed into this block will be treated as a signature on forms returned electronically)

Return form to: trialssecretary@Paws4FunAgility.ca or

Rose-Anne Gleiser, Trial Secretary 1331 Thames St apt 1, Ottawa, K1Z 7N2