



# 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](mailto:trialssecretary@Paws4FunAgility.ca) or

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