**WALT FENO NW3 COACHING CLINIC REGISTRATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Registration (Circle One): **Working Spot** - $185 **Auditing Spot** - $85

Lunch is included in the clinic fee. Please state any dietary restrictions here.

If applying for a **Working Spot**:

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F: \_\_\_\_ Age: \_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NACSW Title Level Achieved: NW2 \_\_\_\_ NW3 \_\_\_\_ NW3 Elite \_\_\_\_ EST (any levels) \_\_\_\_\_

Does your dog have any behavioral issues? If yes, please provide details:

Does your dog have any health issues or restrictions? If yes, please provide details:

Is your dog current on vaccinations/titers? Yes \_\_ No \_\_

If no, please explain:

Prepayment is required with submission of Registration Form. Checks should be made payable to Quicksilver Canine and mailed with your Registration Form to:

**Deb Norman**

**5606 Clarence Rd**

**Julian, NC 27283**