

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