

Date: Saturday, February 27, 2010

SheepHerdingClinic

PARTICIPANT REGISTRATION FORM

Deadline to Receive Registration is February 20th

Please complete form & mail to:

Sandra Kinsey, 5905 Villa Rosa Way, Elk Grove, CA 95758

Email doggonherding@yahoo.com Tele (916) 410-5186

Name: _____

Telephone: _____

Email: _____

Address: _____

First Dog's Name: _____

Age: _____

Breed: _____

Level of Experience: Introductory Beginner/Intermediate Advanced

Second Dog's Name: _____

Age: _____

Breed: _____

Level of Experience: Introductory Beginner/Intermediate Advanced

Please make checks payable to: Sandra Kinsey

Clinic Option:	Fee:	Amount Enclosed:
<input type="checkbox"/> Training (1)	\$110 (per dog/1 person) x _____ dog(s)	= \$ _____
<input type="checkbox"/> Evaluation (2)	\$65 (per dog/1 person) x _____ dog(s)	= \$ _____
Preference: <input type="checkbox"/> Morning (8:30 AM - Noon) <input type="checkbox"/> Afternoon (1:00 PM - 4 PM)		
<input type="checkbox"/> Spectator (3)	\$30 (per person) x _____ person(s)	= \$ _____

You will receive a written confirmation by email or upon receipt of payment. Registration fee not refundable.

I will assume all responsibility, risks and hazards in connection with my participation in the above activities and specifically waive, release, absolve, indemnify, agree not to sue, and agree to hold harmless Ian Caldicott, or the agents, associates and employees of Performance Dogs In Action for any loss, damage or injury to me (including any persons visiting or participating in the above activities with me), any dog or other animal, or to any property arising out of activities at or in connection with Ian Caldicott, or the agents, associates, and employees of Performance Dogs In Action.

I give permission for photographs taken at this event to be used in various formats for informational/promotional purposes Yes _____ (Initial), or No _____ (Initial)

Signature

Date

Please use a second form for additional persons.