

Joanne Fleming Seminar

Date: _____

(Note: Preference will be given to previous seminar attendees)

REGISTRATION FORM

Working Spot -- \$_____ per day for working spot (maximum of 2 dogs) (includes lunch)

Auditing Spot for Ironclad Student -- \$_____ per day Auditing Spot for Non-student -- \$_____ per day

Lunch for Auditing Spot -- \$10.00 per day

Reserve for: _____ and/or _____

Amount attached (full payment required for either working OR auditing) -- see refund policy at bottom of form): \$_____

Mail check AND this completed form to: Pam Long, 1025 Rose Creek Dr., Suite 620-163, Woodstock, GA 30189

Name: _____

Address: _____ City/State/Zip: _____

Email: _____

DOG INFORMATION (please use a separate form for each dog):

Dog's Call Name: _____ Breed: _____

Titles: _____

Dog's Age: _____ Spayed/Neutered? Yes No

Currently competing with this dog? Yes No If yes, what level? _____

What exercises are you currently working on? _____

List exercises you are ready to teach: _____

What specific problems are you having? _____

WAIVER:

I hereby waive and release Ironclad K9, its employees, owners, agents and workshop or seminar instructors from any and all liability of any nature, for injury or damage which I or my dog may suffer while attending any training session or other function of this training facility or while on the training grounds or the surrounding area. Upon acceptance of my registration, I hereby agree to indemnify and hold harmless Ironclad K9, its employees, owners, agents and workshop or seminar instructors from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility or while on the training grounds or the surrounding area.

I understand that reservations will be accepted **only with full payment and this completed and this signed form.** I understand that there are no refunds of confirmed entries. I will be responsible for finding a replacement from a waiting list available at Ironclad.

Signature: _____ Date: _____