

Joanne Fleming Private Lesson Request

Date: _____

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

REGISTRATION FORM

Private Lesson -- \$ _____ for one hour

Amount attached (full payment required -- see refund policy at bottom of form): \$ _____

The lesson times are listed below. Please indicate your 1st, 2nd and 3rd choice of time.

8:00 a.m.-9:00 a.m. _____ 12:30 p.m. – 1:30 p.m. _____

9:00 a.m. – 10:00 a.m. _____ 1:30 p.m. – 2:30 p.m. _____

10:00 a.m. -- 11:00 a.m. _____ 2:30 p.m. – 3:30 p.m. _____

11:00 a.m. -- 12:00 p.m. _____ 3:30 p.m. – 4:30 p.m. _____

LUNCH: 12:00 – 12:30 _____ 4:30 p.m. – 5:30 p.m. _____

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

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: _____