Please complete this fillable form and return to Rachel Sanders – [rachel@fastforwarddogsports.com](mailto:rachel@fastforwarddogsports.com)

|  |  |
| --- | --- |
| Your Name | Dog’s Name: |
| Address: | City/Zip: |
| Cell Number: | Email: |

|  |  |  |
| --- | --- | --- |
|  | **SHORT SEQUENCES** | **COURSEWORK** |
| **SATURDAY (4/22)** | Tuulia | Timo |
| **SUNDAY (4/23)** | Timo | Tuulia |

|  |  |
| --- | --- |
| **SELECT ONE:** | **What is your dog's experience?** |
| 1 session $235 ($75 deposit) | ☐ pre-novice/novice/beginner/starter |
| 2 sessions $470 ($150 deposit) | ☐ open/advanced |
|  | ☐ senior/champion/excellent/masters |
|  | Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**AUDITORS :** Saturday  Sunday  $80 per day - due day of audit

**PAYMENT and REFUND POLICY – PLEASE DO NOT SEND MONEY WITH THIS FORM.**

·       Deposit will not be due until the confirmation of your group assignment(s)

·       Deposits are due within 5 days of notification of your working spots. Deposits are non-refundable unless there is a waitlist.

·       Full payment is due by March 31st.

·       If you have to withdraw and there *is* a waitlist available, you *will* receive a full refund.

·       There is NO GUARANTEE of a waitlist.

·       If there is **no waitlist**, there will be **no refund** unless you find a suitable team to fill your working spot. **It is the sole responsibility of the participant to find a substitute if there is no waitlist.**

·       In the event of cancelation due to natural disaster, severe weather, pandemic, alien invasion, illness, act of god, murder hornets, or other event beyond the organizer’s control – all monies will be refunded after non-refundable seminar expenses are paid (amount TBD).

I have read and accept the refund/cancellation policies. \_\_\_\_ (initials)

Signature   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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