CLIENT REGISTRATION FORM

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| **KCGCDS Course** |  | **Scentwork Course** |  |

*(Tick which course you are registering for)*

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| Title : Mr / Mrs / Ms / Miss (delete as appropriate) |
| First Name: |
| Surname: |
| Address: |
|  |
|  | Postcode: |
| Age if under 16 years: *(A responsible adult must accompany applicants*  *under 16 years of age)* |
| Mobile Tel No: | Home Tel No: |
| Emergency Contact:  | Tel No: |
| Email address:(please PRINT) |
| Dog’s age &/or DOB: | Dog’s Name: |
| Dog or Bitch:  | Dog’s Breed: |
| **How did you hear about Liz Ormerod Dog Training?***(If via your vet, please state which one or if recommended by a friend, please state who)* |
| **Would you like to be added to the Liz Ormerod Dog Training Mailing List for future events?** *The above information will be held and accessed by LODT and its authorised representatives only. It may be used to send you details of other LODT offers and/or activities but will not be passed to any other organisation.* | YES | NO |

Cheques should be made payable to E. Ormerod or pay online via BACS transfer.

Sort Code: 30-11-08 Account No: 23316768

I understand that this club cannot be held responsible for any loss, damage or injury to handlers, their property (including dogs) or to that belonging to anyone that accompanies them to a training session. I have read and accept the Class Guidelines as set out by LODT and I accept responsibility for my dog at all times.

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| Clients Signature: | Date: |