

P.A.A.L's 4 Life Dog Training

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REGISTRATION FORM

Puppy Beginner Outdoor Distraction Intermediate
(Please circle which class)

Date: _____

Class Fee: \$ _____ Discount: % _____ Paid Via: Cash Check E-trans

Date of Payment _____ Receipt No: _____

First Name: _____ Last Name: _____

Address: _____

Home Phone: (604) _____ Cell: (604) _____

Email: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Birth Date: _____ Sex: Male Female

Spay/Neuter: Yes No Copy of Vaccination Report: **Mandatory**

Start Date: _____ End Date: _____

Signature: _____

Disclaimer: there are no refunds for any missed classes. A missed class cannot be forwarded to other classes. There is a \$50 cancellation/admin fee if unable to attend any group class. This fee will be waived with a minimum of two weeks notice.