



WORKSHOP BOOKING FORM - PLEASE EMAIL OR POST BACK BEFORE THE WORKSHOP DATE

Owners name _____ Phone _____

Address _____ Mobile _____

_____ Email _____

_____ Postcode _____

Workshop name _____ Workshop date _____

Dog's name _____ Breed/Type _____ Colour _____

Male/Female _____ D.O.B _____ NEUTERED Y/N _____

Microchip Number _____

Vets Name _____ Vets Phone Number _____

Vets address _____

Medical History (relevant to care during workshop) _____
Behavioural issues or concerns (if any) relevant to the workshop activities _____
What do you hope to achieve by the end of the workshop? _____

I fully understand that, although every possible care and attention will be given to myself and my dog whilst training, neither Trish Godfrey or any member of the TPL Training team accepts any responsibility for injury to myself or loss of my dog either from illness or any other cause. No bitches in season are allowed to attend our workshops. I understand that any veterinary expenses incurred by my dog whilst being trained with TPL Dog Training are fully my responsibility.

SIGNED _____ DATE _____

Please tick this box if you would like to join our e-mailing list. We only send out information on upcoming courses and workshops and information on what is new at TPL. We promise to keep your details safe and you can unsubscribe at any time.

Payment to be made to P. A . Godfrey. Barcalys, Sort Code 20 63 28, Account number 50054046

Training Workshops Agility One-2-One Home Boarding
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