

WALT FENO PRIVATE LESSON REGISTRATION FORM

Name: _____

Address: _____

Phone Number: _____

Email Address (Please print clearly): _____

Lessons will begin on the hour from 9AM-5PM, with the last lesson starting at 4PM.

Please note your top 3 time choices – I will do my best to accommodate preferences, but time slots will be awarded in the order received.

1 _____

2 _____

3 _____

Please note any time restrictions: _____

Dog's Name: _____ M/F: _____ Age: _____ Breed: _____

NACSW Title Level Achieved:

ORT _____ NW1 _____ NW2 _____ NW3 _____ NW3 Elite _____ EST (any levels) _____

Does your dog have any behavioral issues? If yes, please provide details:

Does your dog have any health issues or restrictions? If yes, please provide details:

Is your dog current on vaccinations/titers? Yes ___ No ___

If no, please explain:

Prepayment is required with submission of Registration Form. Checks should be made payable to Lisa Basial and mailed with your Registration Form to:

Lisa Basial
1009 Rockledge Drive
Carlisle, PA 17015