

# WALT FENO NW3 COACHING CLINIC REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address (Please print clearly): \_\_\_\_\_

Type of Registration (Circle One):    **Working Spot** - \$165                      **Auditing Spot** - \$75

Lunch is included in the clinic fee, and pre-orders will be taken about a week before the clinic.

If applying for a **Working Spot**:

Please note that the clinic will take place in a public park, and the search environments will mimic real-life conditions. There will be unfamiliar people and dogs in the area. Please consider this when deciding whether to apply for a Working Spot and be prepared to work through distractions as necessary.

Please also note that search areas will be quite a distance from the parking area – crating in/from your car is not feasible. Handlers should bring a portable crate and dogs should be comfortable (& non-disruptive) in a crate while waiting for their turn. If a dog cannot be crated, the handler should expect to stage away from the search areas and will not be able to watch other working teams.

Dog's Name: \_\_\_\_\_ M/F: \_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

NACSW Title Level Achieved: 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