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**Talking Dog Scentwork S1 & S2 Weekend Workshop   
BOOKING FORM**

**HANDLER DETAILS**

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

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

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any disabilities / limitations we need to be aware of?

**DOG DETAILS**

Dog’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog comfortable around other dogs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKSHOP DETAILS**

I would like to book … *handler* space/s on TDSW S1 & S2 workshop @ £160

**Early Bird prices only apply if booking *before* 1st August**

I would like to book … *handler* space/s on **Early Bird** TDSW S1 & S2 workshop @ £140

I would like to book … *spectator* space/s on TDSW S1 & S2 workshop @ £60

I would like to book … *spectator* space/s on **Early Bird** TDSW S1 & S2 workshop @ £50

**£50 DEPOSIT WILL SECURE YOUR PLACE – PLEASE RETURN BOOKING FORM WITH DEPOSIT. THANK YOU**

Signed:………………………………………………………… Date:…………………………………………

**Please return this form, along with deposit payment, to guarantee your place on the course.   
Outstanding balance needs to be paid by the 22nd August 2015**

**Cheques can be made payable to Cassie Bond. Send with booking form to 183 Devonport Road, Plymouth. PL1 5RN.**

If you wish to pay by BACS, use the details below, and put TDSW as the payment reference.

If paying by BACS, you can email the completed form.

Date paid:……………………………………………..

Sort code: 20-68-10 Account No: 90803456

**To enable us to help the workshop run smoothly can you please give some information about your dog:**

Does your dog have any physical or other medical problems, which may affect its ability to participate in activities?

Yes No

Please give a little more information:

Has your dog ever had any problems with?

People: Yes No

Please give a little more information:

Dogs (ie reactivity): Yes No

Please give a little more information: