

Agility in Motion - Julie Delarue Seminar

hosted by KAOS Dogsports Inc.

Registration Form

Name _____ Phone # _____

Address _____ Email _____

Dog's Name _____ Breed _____ Age _____ Male Female (circle one)

Spayed /Neutered Yes No (circle one) Please confirm all vaccines are up to date: Yes No (circle one)

Physical Limitations or Special Needs:

Handler:

Dog:

Please circle appropriate options:

	<i>Full Amount Paid w/ Registration</i>	<i>Deposit Amount Paid</i>	<i>Amount Owning By Oct 15th</i>	
Working Spot - Novice	\$265	\$150	\$115	
Working Spot – Adv/Masters	\$265	\$150	\$115	
Auditing FullTime	\$125	\$70	\$55	
Auditing Fri/SATURDAY	\$65	--	--	
Auditing FRI/SUNDAY	\$65	--	--	
Lunch – Bagged Lunch by The Pack Project Please fill out a menu for EACH DAY	\$20 - 2 Days \$10 – 1 Day Extra items available at a \$1 each PLEASE FILL OUT LUNCH FORM	--	--	
Private Sessions \$40/hr	# Hours _____ Note: _____	Private session times will be assigned after October 15 th . Times will be between 9-5 pm Oct 27 (maybe Oct 28)		
Payment By	EMAIL TRANSFER seminar@kaosdogsports.ca	CASH	MONEY ORDER	CHEQUE**

Email completed form and email money transfers to seminar@kaosdogsports.ca

or mail to

KAOS Dogsports
Atten: Tanya Strom
1311 Ottawa Street, Regina,
SK S4R 1P3



The Pack Project
"Uniting Hearts & Paws"

2925 Rothwell Street,
Regina, SK, S4N 2E6
306-580-PACK

SATURDAY \$10 LUNCH ORDER FORM

Name _____

Lunch Delivery Date SATURDAY OCT 25/14 Total Cost _____

Bunwich Selections (Checkmark 1)

<input type="checkbox"/>	Turkey and Cranberry - turkey, cranberry mayo, Havarti cheese and lettuce on multigrain.
<input type="checkbox"/>	Egg Salad - egg salad (mayo), green onions and lettuce on white
<input type="checkbox"/>	Ham and Cheese - black forest ham, cheddar cheese, mayo, mustard and lettuce on whole wheat
<input type="checkbox"/>	Vegetarian - cucumber, lettuce, red pepper and cream cheese on multigrain

Fruit and Vegetable Side Dish Selection (Checkmark 1)

<input type="checkbox"/>	Fresh Prepared Fruit
<input type="checkbox"/>	Fresh Veggies with Ranch Dip

Dessert Selection (Checkmark 1)

<input type="checkbox"/>	Rice Krispy Square
<input type="checkbox"/>	Puffed Wheat Square
<input type="checkbox"/>	Peanut Butter Marshmallow Square (Confetti Cake)
<input type="checkbox"/>	Cookies

Drink Selection (Checkmark 1)

<input type="checkbox"/>	Coke	<input type="checkbox"/>	Fresca	<input type="checkbox"/>	Gingerale	<input type="checkbox"/>	Dr Pepper	<input type="checkbox"/>	Water
<input type="checkbox"/>	Diet Coke	<input type="checkbox"/>	Orange Crush	<input type="checkbox"/>	Diet Gingerale	<input type="checkbox"/>	Cream Soda	<input type="checkbox"/>	Apple Juice
<input type="checkbox"/>	Pepsi	<input type="checkbox"/>	Grape Crush	<input type="checkbox"/>	Sprite	<input type="checkbox"/>	Rootbeer	<input type="checkbox"/>	Orange Juice

Chip Selection (Checkmark 1)

<input type="checkbox"/>	Plain	<input type="checkbox"/>	Doritos	<input type="checkbox"/>	Ketchup	<input type="checkbox"/>	All Dressed	<input type="checkbox"/>	Cheetos
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- ADD ONS PLEASE INDICATE QUANTITY OF EACH **ADDITIONAL CHARGE**

Additional Sandwiches \$5 Each

<input type="checkbox"/>	Turkey	<input type="checkbox"/>	Egg	<input type="checkbox"/>	Ham	<input type="checkbox"/>	Vegetarian
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Additional Fruit and Vegetable Side Dish \$3 Each

<input type="checkbox"/>	Fresh Prepared Fruit
<input type="checkbox"/>	Fresh Veggies with Ranch Dip

Additional Desserts \$1 Each

<input type="checkbox"/>	Rice Krispy	<input type="checkbox"/>	Puff Wheat	<input type="checkbox"/>	Cookies	<input type="checkbox"/>	PB Marshmallow
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Additional Drinks \$1 Each

<input type="checkbox"/>	Coke	<input type="checkbox"/>	Fresca	<input type="checkbox"/>	Gingerale	<input type="checkbox"/>	Dr Pepper	<input type="checkbox"/>	Water
<input type="checkbox"/>	Diet Coke	<input type="checkbox"/>	Orange Crush	<input type="checkbox"/>	Diet Gingerale	<input type="checkbox"/>	Cream Soda	<input type="checkbox"/>	Apple Juice
<input type="checkbox"/>	Pepsi	<input type="checkbox"/>	Grape Crush	<input type="checkbox"/>	Sprite	<input type="checkbox"/>	Rootbeer	<input type="checkbox"/>	Orange Juice

Additional Chips \$1 Each

<input type="checkbox"/>	Plain	<input type="checkbox"/>	Doritos	<input type="checkbox"/>	Ketchup	<input type="checkbox"/>	All Dressed	<input type="checkbox"/>	Cheetos
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The Pack Project
"Uniting Hearts & Paws"

2925 Rothwell Street,
Regina, SK, S4N 2E6
306-580-PACK

SUNDAY \$10 LUNCH ORDER FORM

Name _____

Lunch Delivery Date SUNDAY OCT 26/14 Total Cost _____

Bunwich Selections (Checkmark 1)

<input type="checkbox"/>	Turkey and Cranberry - turkey, cranberry mayo, Havarti cheese and lettuce on multigrain.
<input type="checkbox"/>	Egg Salad - egg salad (mayo), green onions and lettuce on white
<input type="checkbox"/>	Ham and Cheese - black forest ham, cheddar cheese, mayo, mustard and lettuce on whole wheat
<input type="checkbox"/>	Vegetarian - cucumber, lettuce, red pepper and cream cheese on multigrain

Fruit and Vegetable Side Dish Selection (Checkmark 1)

<input type="checkbox"/>	Fresh Prepared Fruit
<input type="checkbox"/>	Fresh Veggies with Ranch Dip

Dessert Selection (Checkmark 1)

<input type="checkbox"/>	Rice Krispy Square
<input type="checkbox"/>	Puffed Wheat Square
<input type="checkbox"/>	Peanut Butter Marshmallow Square (Confetti Cake)
<input type="checkbox"/>	Cookies

Drink Selection (Checkmark 1)

<input type="checkbox"/>	Coke	<input type="checkbox"/>	Fresca	<input type="checkbox"/>	Gingerale	<input type="checkbox"/>	Dr Pepper	<input type="checkbox"/>	Water
<input type="checkbox"/>	Diet Coke	<input type="checkbox"/>	Orange Crush	<input type="checkbox"/>	Diet Gingerale	<input type="checkbox"/>	Cream Soda	<input type="checkbox"/>	Apple Juice
<input type="checkbox"/>	Pepsi	<input type="checkbox"/>	Grape Crush	<input type="checkbox"/>	Sprite	<input type="checkbox"/>	Rootbeer	<input type="checkbox"/>	Orange Juice

Chip Selection (Checkmark 1)

<input type="checkbox"/>	Plain	<input type="checkbox"/>	Doritos	<input type="checkbox"/>	Ketchup	<input type="checkbox"/>	All Dressed	<input type="checkbox"/>	Cheetos
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- ADD ONS PLEASE INDICATE QUANTITY OF EACH **ADDITIONAL CHARGE**

Additional Sandwiches \$5 Each

<input type="checkbox"/>	Turkey	<input type="checkbox"/>	Egg	<input type="checkbox"/>	Ham	<input type="checkbox"/>	Vegetarian
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Additional Fruit and Vegetable Side Dish \$3 Each

<input type="checkbox"/>	Fresh Prepared Fruit
<input type="checkbox"/>	Fresh Veggies with Ranch Dip

Additional Desserts \$1 Each

<input type="checkbox"/>	Rice Krispy	<input type="checkbox"/>	Puff Wheat	<input type="checkbox"/>	Cookies	<input type="checkbox"/>	PB Marshmallow
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Additional Drinks \$1 Each

<input type="checkbox"/>	Coke	<input type="checkbox"/>	Fresca	<input type="checkbox"/>	Gingerale	<input type="checkbox"/>	Dr Pepper	<input type="checkbox"/>	Water
<input type="checkbox"/>	Diet Coke	<input type="checkbox"/>	Orange Crush	<input type="checkbox"/>	Diet Gingerale	<input type="checkbox"/>	Cream Soda	<input type="checkbox"/>	Apple Juice
<input type="checkbox"/>	Pepsi	<input type="checkbox"/>	Grape Crush	<input type="checkbox"/>	Sprite	<input type="checkbox"/>	Rootbeer	<input type="checkbox"/>	Orange Juice

Additional Chips \$1 Each

<input type="checkbox"/>	Plain	<input type="checkbox"/>	Doritos	<input type="checkbox"/>	Ketchup	<input type="checkbox"/>	All Dressed	<input type="checkbox"/>	Cheetos
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Working Spot: If you provide us with notice before October 15th that you are no longer able to attend the seminar your deposit may be returned, less a \$30 fee, ONLY if KAOS Dogsports is able to fill your spot with an equivalent level handler and dog.

Auditing Spot: If you provide us with the notice before October 15th that you are no longer able to audit the seminar your deposit will be returned in full. Your deposit is non-refundable after October 15th.

Deposit must accompany your registration form or be electronically sent the same day as your registration form is emailed.

Seminar \$ _____

Saturday Lunch Total \$ _____ **Pay with Registration**

Sunday Lunch Total \$ _____ **Pay with Registration**

Private Sessions (\$40/hr) \$ _____

Total Owing: \$ _____

Amount Paid with Registration \$ _____

Amount Due by Oct 15th \$ _____

KAOS Dogsports – Julie Delarue Agility in Motion seminar – WAIVER

This may be sent electronically at time of registration. However, we will ask you to sign one before the seminar starts Friday October 24th.

_____Initial Working Spot: If you provide us with notice before October 15th that you are no longer able to attend the seminar your deposit may be returned, less a \$30 fee, ONLY if KAOS Dogsports is able to fill your spot with an equivalent level handler and dog.

_____Initial Auditing Spot: If you provide us with the notice before October 15th that you are no longer able to audit the seminar your deposit will be returned in full. Your deposit is non-refundable after October 15th.

_____Initial Deposit must accompany your registration form or be electronically sent the same day as your registration form is emailed.

_____Initial I, the undersigned, agree to keep my dog under full control at all times while training with KAOS Dogsports. I agree to accept full responsibility for my dog’s actions and will not hold KAOS Dogsports Inc. or the members/trainers liable for any injury to myself or my dog. I understand that I may be asked to leave the seminar in the event that my dog is perceived to be a disruption to others. I also understand that this decision will be made at the discretion of Julie Delarue and/or KAOS Dogsport members and organizers.

_____Initial I understand that there will be no refunds after October 15th. If you provide us with notice October 15th that you are no longer able to attend the seminar your deposit may be returned ONLY if KAOS Dogsports is able to fill that spot with someone else. The handler and dog filling the spot MUST be at the same level as the undersigned registrant.

_____Initial Deposit must accompany your registration form or be electronically sent the same day as your registration form is emailed.

PRINT FULL NAME	Signature	Date

Date of Birth (Day/Month/Year)	Mailing address (Street, City, Prov., Postal Code)

Witness PRINT FULL NAME	Witness Signature	Date

Witness Date of Birth (Day/Month/Year)	Witness Mailing address (Street, City, Prov., Postal Code)

Few Questions:

Julie may be sending out a questionnaire to all those registered closer to the date of the seminar. In the meantime, please help us out by answering the following questions.

1. How did you hear about KAOS Dogsports?

2. What is your agility training experience?

3. What is your dog's training experience? (If you have a working spot please specify THAT dog's training history.)

4. Are you trialing? At what level?

5. Other agility accomplishments you would like to add.

6. What are your expectations of this seminar?

7. Do you have specific issues or topic you hope to be discussed at the seminar?

8. Do you have specific questions you have for Julie?

9. Does the Handler and/or Dog have any *special needs, physical limitations or special considerations* that KAOS Dogsports and/or Julie Delarue should be aware while you attend the seminar?

Handler:

Dog:

10. Other Comments:

Thank you for registering for the Julie Delarue – Agility in Motion Seminar at KAOS Dogsports Inc. 1311 Ottawa Street, Regina, SK

Contact: Tanya Strom at seminar@kaosdogsports.ca KAOS Dogsports Seminar Organizer