



## CONFORMATION SEMINAR WITH LORI-ANN FISCHER

Kennel & Obedience Club

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ CELL \_\_\_\_\_

DOGS NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORKING SPOT: Yes / No

AUDITING SPOT: Yes / No

COST: WORKING SPOT \$125

AUDITING SPOT \$75

PAYMENT METHOD: \_\_\_\_\_

Preferred payment would be interact e-transfer to [lkocdogs@gmail.com](mailto:lkocdogs@gmail.com) password "conformation"