

REGISTRATION FORM

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| --- | --- | --- | --- | --- |
| First Name: | | Surname: | | |
| Address:  Postcode: | | | | |
| Age if under 16 years: *(A responsible adult must accompany applicants*  *under 16 years of age)* | | | | |
| Mobile Tel No: | | Home Tel No: | | |
| Emergency Contact: | | Tel No: | | |
| Email address:  (please PRINT) | | | | |
| Dog’s Name: | Dog’s age &/or DOB: | | | |
| Dog’s Breed: | Dog or Bitch: | | | |
| KC Reg Name of Dog (if applicable) |  | | | |
| **How did you hear about Liz Ormerod Dog Training?**  *(If via your vet, please state which one or if recommended by a friend, please state who)* | | | | |
| **Would you like to be added to the Liz Ormerod Dog Training Mailing List for future events?**  *The above information will be held and accessed by LODT and its authorised representatives only. It may be used to send you details of other LODT offers and/or activities but will not be passed to any other organisation.* | | | YES | NO |

Cheques should be made payable to E. Ormerod or pay online via BACS transfer.

Sort Code: 30-11-08 Account No: 23316768

I understand that this club cannot be held responsible for any loss, damage or injury to handlers, their property (including dogs) or to that belonging to anyone that accompanies them to a training session. I have read and accept the Class Guidelines as set out by LODT and I accept responsibility for my dog at all times.

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| Signature: | Date: |