



## Problem Training Area Focus Workshop Registration Form

**Location:** Riverbend School Commons

**Date:** Tuesday, April 17<sup>th</sup> from 6:00pm - 8:30pm

**Instructor:** Cindy Leung, #6162, Hillsboro Oregon

**Cost:** Audit price is \$15. Early participants, \$65.00 Non-CKCoJ Members; \$45.00 CKCoJ Members. Post deadline, \$80.00 Non-CKCoJ Members; \$55.00 CKCoJ Members.

**Details:** Class size limited to 6 Working Dogs. Unlimited audit handlers. Pre-Entry deadline post marked no later than April 6<sup>th</sup>. Send Registrations c/o Michael Higgs, 4225 N. Douglas, Juneau, AK 99801. Make checks payable to CKCoJ.

**More Info:** Call 789-1844, or mail [DiMyk52@aol.com](mailto:DiMyk52@aol.com) for additional information.

### About You (the Handler):

Name	Age (if under 18)
Mailing Address	
email	Phone <i>Days</i> <span style="float: right;"><i>Evenings</i></span>

### About Your Dog:

Call Name		Registered Name		
Breed		Registration #		
Age	How long owned?	Sex	Spayed/Neutered?	Shots current?
<i>Your problem area to ask the instructor is " _____          _____          _____"</i>				
<b>PAYMENT:</b>		<ul style="list-style-type: none"> <li>• Make check payable to: <b>Capital Kennel Club of Juneau</b></li> <li>• <i>Send payment to:</i></li> </ul>		
Amount Enclosed \$ _____				

### CAPITAL KENNEL CLUB OF JUNEAU WAIVER OF LIABILITY

I understand participating in events held or sponsored by the Capital Kennel Club of Juneau may include potentially hazardous activities. I assume all risks, which include falls, contact with other participants, the weather, the road or trail conditions and traffic. I assume all risks associated with participating in any/all events held or sponsored by the Capital Kennel Club of Juneau. I hereby release the Capital Kennel Club of Juneau of any and all responsibility for damage or personal injury that may occur as a result of participating in an event.

I also certify and represent that my dog(s) is/are not a hazard to other dogs or persons, is/are current on all puppy and booster vaccinations, and rabies vaccinations according to state law. My dog(s) is/are in good health. I accept personal responsibility for any and all actions my dog(s) makes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Any handler under age 18 must have the permission and signature of a parent or guardian. Capital Kennel Club reserves the right to reschedule or adjust any class without notice. However, every attempt will be made to contact you in this event.