

Therapy Team Training Workshop Registration Form
"Our therapy animals deserve a trained, skilled and devoted handler."

Name: _____

Address, City, State, Zip:

Phone: _____ E:mail: _____

Animal's Name/Breed/Sex/Age: _____

Did you attach a copy of your CGC (Canine Good Citizen) title and a copy of your Rabies Certificate? No Yes

Have you attended the Introductory Seminar? No Yes Date you attended: _____

The goal of our workshop:
 Provide you with the knowledge you need to visit as a skilled handler
 Learn what is needed to successfully pass the Scenario Based Team Evaluation
 Begin a M.A.P. - My Action Plan for success.

Dates & Details <u>NO ANIMALS ATTEND</u> March 5, 2016 Time: 1:00-3:30pm Workshop Location: BMG - OCC Baptist Medical Group - Outpatient Care Center 2120 Exeter Road Germantown, TN 38138	Dates & Details <u>ANIMALS ATTEND</u> March 13, April 17, 2016 Time: 1:30-2:30 Workshop Location: Dog Woods Training Center 3041 N. Germantown Road Bartlett, TN 38133
Team Training Workshop Fee: \$240 (Includes: manual, training, evaluation)	PROOF OF RABIES REQUIRED Tags are not acceptable

Confirmation: Will be sent after registration, documents and payment are received.

I wish to register for the Team Training Workshop. I understand that payment of \$240 is due in advance.
 I must attach a proof of rabies vaccination certificate and a copy of the CGC (Canine Good Citizen) certificate.

I indemnify and hold Mid South Therapy Dogs & Friends, Intermountain Therapy Animals, evaluators, assistants, sponsoring organization (s), and facility owner (s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of evaluations including, but not limited to interactions with evaluators, assistants, handlers, or animals, screening or demonstrations involving my or others' animals ; or transportation of my animal to or from the training/evaluation site or within the training/evaluation site.

Signature: _____ Date: _____

Mail this registration form, fee and required documents (checks payable to **Mid South Therapy Dogs**)
Mailing Address: Mid South Therapy Dogs 2095 Exeter Road Suite 80-105 Germantown, TN 38138-3919

****Cancellation Policy****
 No refunds. No exceptions.

Scenario Based Team Evaluation - May 21, 2016
 Location will be announced and Evaluation times are scheduled after the workshop is completed.

Office use only: Check # _____	Date: _____	Amount: _____		
Introductory Seminar Date:	Obedience Class dates:	Instructor/Facility	Certificate of Completion On File:	<input type="checkbox"/> No <input type="checkbox"/> Yes
CGC testing date :	CGC copy: <input type="checkbox"/> No <input type="checkbox"/> Yes	Rabies On File: <input type="checkbox"/> No <input type="checkbox"/> Yes	Approved Team Training Workshop:	<input type="checkbox"/> No <input type="checkbox"/> Yes