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: _____

Have you attended the Introductory Seminar? ☐ No ☐ Yes Date you attended: _____
Have you been pre-screened? ☐ No ☐ Yes Date/Location: _____
PROOF OF RABIES REQUIRED Tags are not acceptable Is on file or Included in this registration form?

Team Training Workshop Fee: $250 (Includes: manual, training, evaluation (CBTE))
Must be pre-approved

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 Competency - Based Team Evaluation
Begin a M.A.P. - My Action Plan for success.

Dates & Details **NO ANIMALS ATTEND** 1st and 4th Sessions Introduction - September 9 Walk-thru CBTE - October 14 Time: 1:00 - 3:00 Workshop Location: Baptist Memorial Hospital - Collierville 1500 West Poplar Avenue Collierville, TN 38017	Dates & Details ANIMALS ATTEND 2nd and 3rd Sessions September 23 & October 7 Time: 2:30 - 3:30 Workshop Location: Dog Woods Training Center 3041 N. Germantown Road Bartlett, TN 38133

I wish to register for the Team Training Workshop. I understand that payment of $250 is due in advance. I must attach a proof of rabies vaccination 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: _____

Competency-Based Team Evaluation –TBD
Location will be announced and Evaluation times are scheduled after the workshop is completed. You will need to fill out the CBTE registration form to reserve a testing spot. **Confirmation for the CBTE:** Will be sent after registration, documents and payment are received.

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**

Office use only: Check # _____ Date: _____ Amount: _____ Introductory Seminar: ☐ No ☐ Yes Date attended: _____
Pre-screening: ☐ No ☐ Yes Date/Location: _____ Were you referred to training classes? ☐ No ☐ Yes Where did you go? _____

Rabies On File: ☐ No ☐ Yes Approved Team Training Workshop: ☐ No ☐ Yes