

Dogwerks Way Trainer's Course Application

Name: _____

Address: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Will you be bringing a dog? _____ What breed? _____

Do you have any allergies that might affect you during the program?

Do you have any medical conditions that we should be aware of?

Do you have any dietary preferences or limitations?

Would you be interested in motel accommodations?

Would you be interested in camping accommodations if available?

Will you need to rent a car?

We will be conducting a background check on each accepted applicant. By signing this statement, you agree to and give permission for Dogwerks Inc. to conduct a background check on you.

Signed: _____ (full name, middle initial)

Social Security #: _____ Date of Birth: _____