



MICHELE POULIOT SEMINAR

JUNE 10TH & 11TH

WORKING SPOT \$150 PER DAY AUDIT SPOT \$75 PER DAY

NAME (PLS PRINT) _____

ADDRESS _____

E-MAIL _____ PHONE _____

DOG'S CALL NAME _____ BREED _____ AGE _____

PACK A LUNCH - THERE WILL BE A 1 HOUR LUNCH BREAK. SEMINAR WILL BE FROM 8AM - 5PM

MAIL CHECK TO – OCOD / DANA CONNOLLY, 2121 HOLLY LANE, BUNNELL FL 32110

MAKE CHECKS PAYABLE TO – OCOD, INC

WORKING SPOT SAT- \$150 _____ AUDIT SPOT SAT - \$75 _____

WORKING SPOT SUN - \$150 _____ AUDIT SPOT SUN –\$75 _____

SPOTS WILL GO FAST - SEND CHECKS TO SECURE YOUR SPOT!

PLEASE INCLUDE SIGNED RELEASE

I understand that my participation in any of the activities is not without risks such as tripping, falling etc. I further understand that due to the way dogs interact with one another, cuts or scratches can occur to me or my dog during play or training with other dogs.

I will not hold OCOD,INC Board Members, Instructors or Members or Property Owners responsible for any injuries or misfortunes(to me or my dog)while training or any other work, should they occur.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement.

OWNER NAME SIGNATURE _____ DATE _____

