



iQ Agility Club Class Registration Form

607 Warren Glen Rd (599 for Navigation)

Bloomsbury, NJ 08804

917-434-3797

www.iQagilityclub.com

info@iQagilityclub.com

Name of Seminar: Lisa Frick and Tereza Kralova

Working Spots \$550.00/ Audit \$100.00

Nov 2-3 Masters/International

Nov 5-6 Masters/International

Handler's Name: _____

Handler's Address: _____

Phone Number: _____

Email Address: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Gender: Male Female Dog's Agility titles _____

Dog's Age: _____

Has this dog ever bitten a person: Yes No

Has this dog ever bitten another dog: Yes No

If so please explain: _____

Have you and your dog had training in international techniques? If so, where? _____

If the session you selected above is full, would you be interested in attending an alternate session?

if yes, please indicate which date(s) would be preferable _____

Please send this completed form along with the signed refund policy form and payment to

8 Kinnaman Avenue, Washington, NJ 07882

Please submit a separate registration form for each dog being registered as well as for each session for which you are registering



iQ Agility Club Refund Policy

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Full refunds for pull outs will be given until **August 1st**, after which refunds will be given only if the working spot is filled by iQ less a \$50 administration fee. Spots can not be sold or offered by registrants.

Your Signature above indicates that you have read and agree to this policy