

Registration: Dog Care and Training Camp

Child's Name: _____

Age: _____ DOB: _____ Boy Girl

Grade (as of fall current year) _____

Special needs or assistance that your child may need _____

Medical considerations (allergies) _____

Other information that would be helpful _____

Contact Information:

Parent's Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell/Work Phone: _____

email address: _____

Emergency Contact: _____ Phone: _____
(if parents are not available)

In case of an accident or serious illness, I request that Dog Camp will contact me. If Dog Camp is unable to reach me or the emergency contact, I authorize Dog Camp to make whatever arrangements are deemed necessary.

Signature: _____ Date: _____

Payment:

\$250/week _____ Check# _____

Week Requested _____

Director - Judy Pedery-Edwards
760-632-7797