WI-IL Agility Group

Presents:

**Soshana Dos**

**Saturday, June 1, 2019**

**8:30 am – 4:30 pm**

**Young Dogs**

Young dogs should have a start line stay, strong value for the jumps and tunnels, and the ability to sequence 8-12 obstacles

WAG Building

2807 N US Hwy 12

Spring Grove, IL 60081

(815) 675-9300

Seminar: Limited to 12 working teams, unlimited auditors

**Lunch, snacks, and beverages included.**

**Cost of seminar**

Make check payable to **WAG**. Checks will not be cashed until May 15, 2019

Working spot: \_\_\_\_\_ $ 200.00 (member) Auditing: \_\_\_\_\_ $ 40.00 (member)

\_\_\_\_\_ $ 225.00 (non-member) \_\_\_\_\_ $ 60.00 (non-member)

Registration is on a first received basis.

Payment due with registration forms to hold your spot

Bitches in season may participate in pants.

**REGISTRATION FORM**

**Young Dogs Day**

**Saturday, June 1, 2019**

**WAG Building**

**Spring Grove, IL**

**Please read and sign** the registration form and the waiver and cancellation policy form. Return your registration forms and payment made out to WAG to:

(Checks will not be cashed until May 15, 2019)

Donna Cordoba, 24639 Townline Rd, Grayslake, IL 60030

Completed registration forms and checks may be left in my crate at WAG in an ENVELOPE

Row F

Questions? Email me at dmcordoba@yahoo.com

**Handler information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dog Information:**

Dog’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level at which this dog is competing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your choices below:**

Working spot: \_\_\_\_\_ $ 200.00 (member) Auditing: \_\_\_\_\_ $ 40.00 (member)

\_\_\_\_\_ $ 225.00 (non-member) \_\_\_\_\_ $ 60.00 (non-member)

**Waiver of Liability**

I acknowledge that I have voluntarily applied to participate in dog training activities with WI-IL Agility Group (WAG) and Soshana Dos of OneMind Dogs. I am aware that there are risks and hazards involved with dog training, and I am voluntarily participating in the activities with the knowledge of these potential dangers. I am not relying on WAG or Soshana Dos or any other person or entity to prevent such occurrences. In order to participate in all activities of this seminar, I agree to assume all risk of such occurrence.

I waive all claims or actions I may have against WAG or Soshana Dos and agree to release WAG and Soshana Dos from liability in any and all personal injuries to myself, my dog, children in my charge, or harm to property caused directly or indirectly by any acts that might occur in conjunction with this seminar. I also agree to assume sole responsibility for injury or damage caused by me, children in my charge, or by the dog I own or handle during participation in this seminar. I further indemnify, defend and hold WAG and Soshana Dos harmless from any damage, loss, liability or expense including legal costs and attorney fees, which result from damage caused by myself, children in my charge, or the dog I own or handle.

**Cancellation Policy**

We will do our best to maintain an active waiting list. We do not guarantee a replacement for your spot if you find it necessary to cancel. There are no exceptions to our cancellation policy.

**Your payment is non-refundable.**

**Your fees will only be refunded if your spot can be filled with an eligible participant.**

I understand that there are NO EXCEPTIONS to the cancellation policy and agree to all terms. I understand that cancellation may result in my receiving no refund if my spot in the seminar cannot be filled from the waiting list.

I have read the cancellation policy and waiver of liability and I agree to all terms.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_