

SFD / ARK-LA-TEX K-9 TRAINING SEMINAR REGISTRATION

- Mail this completed registration form, all current canine shot records, and full payment (by check) in one envelope to:
K9 Seminar c/o Canine SAR Support Group
Attn: Kerry Foster
545 Overton Brooks Road, Shreveport, LA 71106
- Payment: Make checks payable to Canine SAR Support Group

Year: _____

PARTICIPANT

Name: _____

Organization Represented: _____

Mailing Address (w/ city, state, zip): _____

Phone Number (with area code): _____

Email: _____

T-Shirt Size: _____

Eating Sunday Night Meal? Yes _____ No _____

If yes, select one of the following options: Chicken Strips ____ Fish ____

CANINE

Current shot records for every canine participating in the seminar must be mailed with your registration form and payment.

Name: _____ Age: _____ Breed: _____

Discipline: _____