



## WORKSHOP TRAINING CLINIC ENTRY FORM

Thank you for your interest in our Workshop Training Clinic. To enter, please complete and return this form by email to our training co-ordinator, Nigel Simpson [kentwsc@outlook.com](mailto:kentwsc@outlook.com)

On receipt of your completed entry form, you will be contacted by Nigel, who will give you further information about what to expect on the day and answer any questions you may have. Should you prefer to speak with Nigel ahead of completing and returning the form, he can be contacted on 07817 290916.

**Cost of the day:** £20 for members/£25 non-members. The workshop will be limited to 10 handlers. If more apply, a reserve list will be compiled.

As soon as your place has been confirmed, you will be required to make payment in full by BACS. If you would prefer to pay by cheque, please let us know.

**Business Account Name:** The Kent Working Spaniel Club

**Account No:** 01899198

**Sort Code:** 30-97-12

Mr / Mrs / Ms	First Name	Surname
Address		
Postcode		Member/Non Member (Please delete)
Email		Contact Tel No
Dog Breed		Dog's Age
Dog's Pet Name		
KC Name		KC Registration No
Please provide details of your dog's training to date:		(Please circle)
Have you attended obedience training classes with your dog?		YES / NO
Does your dog walk to heel on or off the lead?		YES / NO
Does your dog sit and stay on command?		YES / NO
Does your dog come to you on command?		YES / NO
Has your dog been socialised with other dogs?		YES / NO
Please indicate whether or not you permit Kent Working Spaniel Club to publish photos of training events on our Club Website and Social Media Pages.		(Please circle) YES / NO

Please note that any members attending our workshop clinic do so at their own risk.

Signature	Date
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Office Use Only

<b>Member/Non Member</b>		<b>Date confirmation of placement sent:</b>	
<b>Date payment received?</b>		<b>Officer Initials / Date:</b>	