

K9 Search & Rescue Registration Form

Name:		
Address:		
City:	State:	Zip:
Telephone:		
Alternate Telephone #:		
E-mail Address:		
Team/ Affiliation:		
Workshop/Event:		
Date of Workshop/Event: / /		
ID#:		
CME?	Yes: _____	

Your signature is a mandatory validation that you have a current and active membership with the affiliation team you represent. It also acknowledges that pictures may be taken that contain your image for K9SAR Cert's use, for brochure, fundraising, Internet or news purposes as a positive reflection of the work we do.

Signature: _____

Mail Completed Registration to

Po Box 1545
Melville, NY 11747

Workshop is limited to 56 participants.

Pre-registration is required.

Notify us if you can't show to make room for someone who wants to join the workshop.