



Registration Form

Owner's details:

Full Name _____

Cell number: _____

Postal address: _____

E-mail address: _____

Puppy Details :

Pup's name : _____

Breed : _____ Age/dob: _____ Gender: M / F

How many vaccinations has your pup had?: _____

Please indicate any issues you would like us to address: _____

Course Fee :

R680.00 for 6 weeks (2nd pup R480)

Eft/Card/ Cash payment of R_____ was paid on _____

(Eft details: D.Ledingham FNB chq 6232 797 3196 code 250135)

Venue: Waterfall Kloof

I, as handler, or handler's legal guardian, assume full responsibility for any incident or injury to handler, family member or pup that might occur before, during and after puppy classes and will not hold EduPup, their handlers or any other puppy or owner responsible. I also understand that the class fee is non-refundable after the first class.

I have read, understand and agree to all stated conditions (Minors legal guardian must sign application).

Signed: _____ Dated: _____

Where did you hear about EduPup? _____