



Application for The Heart of Canine Water Therapy - Level 2 - Offered by La Paw Spa Please print this form, complete, include your check/money order and send in!

Please feel free to use additional paper if you would like to expand on any of your answers.

Your Name		Date
Address		
Email Address		
Work Phone Number	Home Phone Number	Cell Phone Number
When did you take the LEVEL 1 training?		
What did you like the most about LEVEL	1 training?	
What did you like the least about LEVEL	1 training?	
What are the areas you feel you would like	e more instruction in?	
What do you think your strengths are in th	is work?	
What do you think your weaknesses are in	this work?	
	ould have anything you wanted in life, how we ke? Services offered? Dare to dream and wri	





Select Your Class Options

Options Available			Total Price	
The Heart of Canine Water Therapy-Level 2 (specify date below)			\$1,950.00	
(Deposit must be a minimum of \$500 which is non-refundable)		LESS DEPOSIT INCL:		
NOTE: Any remaining balance must be paid at least 60 days prior to class.		REMAINING DUE:		
Level 2 will be held in Sequim, Washington. You will be responsible for all of your lodging, meals and transportation during class. We can put you in touch with your classmates so that you can coordinate transport.				
Would you like me to share your email address with your class mates so that you can perhaps coordinate and share transportation, lodging and meal ideas and plans? Yes No				
Select Your C	Class Dat	te		
Please visit www.lapawspa.com (Training Opportunities menu item) for the latest dates and status on class availability.				
First Choice for Date		Second Choice for Date		
If your choice(s) are full, would you like to be put on a waiting list for this class or the next available class? Yes No				
YES! SIGN	ME UP	!		
I, the undersigned, am engaging Cindy Horsfall and La Paw Spa, LLC, for the purposes of providing me with instruction in Cindy's experience of Canine Water Therapy. I understand that this class does not give me legal license to practice or satisfy any legal requirements of any kind. I further agree to release and hold harmless from any and all liabilities and will take these classes at my own risk. I understand that this is a release of all current and prospective claims and that I am of legal age to sign. I understand that upon receipt, Cindy will confirm availability and let me know. Should I need to cancel, I understand that all monies paid for class are non-refundable unless Cindy can fill my spot.				
Your Signature Required		Date		
Please make checks payable to "La Paw Spa" and send completed application with your deposit to:				

La Paw Spa Administrative Office, 325 E. Washington Street, #237, Sequim, WA 98382