



APPLICATION FOR LEVEL ONE & TWO TRAININGS

YOUR NAME _____ **DATE** _____

ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE NUMBER _____

YOUR CURRENT OCCUPATION _____

MALE _____ **FEMALE** _____ **BIRTHDATE** _____

YOUR INTEREST IN THIS WORK: _____

YOUR INTEREST/LOVE OF WATER _____

DO YOU LIKE TO GIVE MASSAGE? _____

DO YOU LIKE TO RECEIVE MASSAGE? _____

YOUR OTHER OUTSIDE INTERESTS AND HOBBIES _____

YOUR INSPIRATION FOR BECOMING INTERESTED IN THIS PATH OF SERVICE _____

	YES!!! Sign me up for this class!!!	Total Price
	Which Class Are you Interested In?	
<input type="checkbox"/>	Online level 1 & 2 class (will include some private 1:1 time in Cindy's private pool) Beginning in May each year and running for 5 months. (maximum 4 students)	\$3,800.00
<input type="checkbox"/>	Online level 1 & 2 class (will include some private 1:1 time in Cindy's private pool) Beginning in December each year and running for 5 months. (maximum 4 students)	\$3,800.00
<input type="checkbox"/>	Online level 1 & 2 class (will include some private 1:1 time in Cindy's private pool) Private to you only. A 6 month experience starting on _____(please specify date desired)	\$6,500.00
<input type="checkbox"/>	In person level 1 & 2 class Held in October each year at Fido Physio in Bellingham, Washington (maximum 6 students)	\$3,800.00
	Deposit Made (must be a minimum of \$1.800 and is non refundable)	
	Balance Due (balance due must be paid 60 days prior to class)	

PLEASE NOTE: This class will be held in Bellingham, Washington. You will be responsible for all of your lodging, food and transportation. We will put you in touch with your other classmates so that you can coordinate if you wish.

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 nor does it satisfy any legal requirements of any kind. I further agree to release and hold harmless from any and all liabilities and will take this class 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.

SIGNED _____

DATED _____

**Please make checks payable to "La Paw Spa"
and send completed application with your deposit to:**

**La Paw Spa Administrative Office
2481 ANDERSON LAKE ROAD - #534
CHIMICUM, WASHINGTON - 98325**