



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 MESSAGE? _____

DO YOU LIKE TO RECEIVE MESSAGE? _____

YOUR OTHER OUTSIDE INTERESTS AND HOBBIES _____

YOUR INSPIRATION FOR BECOMING INTERESTED IN THIS PATH OF SERVICE _____

YOUR EXPERIENCE WITH DOGS _____

YOUR EXPERIENCE WITH PEOPLE _____

DO YOU LIKE PEOPLE? _____

OTHER RELEVANT CLASSES YOU HAVE TAKEN _____

YOUR PHYSICAL HEALTH AND CONDITION _____

HOW MUCH CAN YOU LIFT? _____

ANYTHING ELSE I SHOULD KNOW ABOUT YOU? _____

YOUR DREAMS AND ASPIRATIONS... If you absolutely could not fail and you could have anything you wanted in life, how would you use your interest in canine water therapy? What would this business look like?

	YES!!! Sign me up for this class!!!	Total Price
	Which Class Are you Interested In?	
<input type="checkbox"/>	Custom Private 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"/>	Level 1 & 2 Class Held in January - September	\$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)	

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**