



THERAPY ANIMAL TEAM TRAINING - TRAUMA SUPPORT REGISTRATION FORM

All training will take place on the date and at the location listed below. A minimum of 4 teams registered is required for the class or it will be cancelled. Maximum of 8 teams. **You must bring the following items for your class. There are no exceptions to this requirement so please read carefully and come prepared.**

ONLY ANIMALS 4 THERAPY TEAMS WITH A MINIMUM OF 2 YEARS EXPERIENCE (MINIMUM OF 40 HOURS A YEAR) CAN PARTICIPATE.

| Date | Time | Location | Payment + Registration must be received by |
|------------------------|----------------------|---|--|
| SATURDAY, MAY 25, 2019 | 1:00 PM – 4:00 PM | Ted Terroux Canine College 9797 W Colfax Ave Lakewood, CO 80215 | May 18, 2019 |

Training facility is in strip mall located on the NE corner of Kipling and Colfax.

Fee: \$100

- Payment with registration and indemnity form must be received by date shown above.
- Make payments to **Animals 4 Therapy**. Sorry, no refunds. Your cancellation will be considered a donation and a tax receipt will be issued. **DO NOT SEND YOUR REGISTRATION TO TED TERROUX CANINE COLLEGE!**



**THERAPY ANIMAL TEAM TRAINING - TRAUMA SUPPORT
REGISTRATION FORM**

Name: _____

Address: _____

Phone: _____ **Email:** _____

Animal Name/Breed/Sex/Age: _____

- INDEMNITY FORM -

Signature Please! I understand that I am responsible for any damage my animal causes during the course or evaluation. I indemnify and hold ANIMALS 4 THERAPY™, Instructor, Evaluator, and sponsoring organization harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorney's fees arising out of the acts or omissions of ANIMALS 4 THERAPY'S courses and evaluations including, but not limited to, interactions with instructors, attendees, or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the training/evaluation site or within the training/evaluation site.

Signature: _____ **Date:** ____/____/2019

PLEASE MAIL THIS REGISTRATION FORM WITH YOUR PAYMENT TO:
Animals 4 Therapy, 1106 W PARK, SUITE 189, LIVINGSTON, MT 59047
 For further information, contact Kateri Nelson: (303) 507-8234, email: info@animals4therapy.org.