



Mid South Therapy Dogs

and Friends

Delta Society Affiliate

Pet Partners® Team Evaluation Refresher Course

<input type="checkbox"/>	September 12, 2010	Deadline: September 6, 2010 3:00pm
<input type="checkbox"/>	November 20, 2010	Deadline: November 12, 2010 1:30pm

Fee: \$25 per team

Amount Enclosed: \$ _____

Location: Baptist Rehab Germantown 2100 Exeter Road Germantown, TN 38138

Confirmation: Will be sent after registration and payment are received.

Handler's Name: _____

Animal's Name: _____

Species: _____ Breed: _____ Age: _____ Gender: _____

Mailing Address: _____

E-Mail Address: _____

Phone: _____

How long have you been visiting? _____

Where do you visit? _____

Signature Please! I indemnify and hold Mid South Therapy Dogs, Delta Society, Evaluator(s), assistants, and facility owner(s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of classes including but not limited to interactions with Evaluators, assistants, attendees, or animals, demonstrations involving my dog, or transportation of my dog to or from the class site or within the class site.

Signature: _____

Date: _____

Mail completed form and fee (**payable to Mid South Therapy Dogs**) to:

Mid South Therapy Dogs
2095 Exeter Road Suite 80-105
Germantown, TN 38138-3919

Office Use Only:
Amount: \$ _____
Check #: _____
Date: _____

****Cancellation Policy****

No refunds on evaluations. No exceptions.