

VBSAR TRAINING SEMINAR      May 20th thru the 25<sup>th</sup>, 2018  
REGISTRATION FORM  
(BLOODHOUNDS ONLY)

MUST BE FILLED OUT COMPLETELY AND SUBMITTED

**Send no money at this time**

Members \$375 Probationary Members and Non-Members \$475

NAME: \_\_\_\_\_

DEPARTMENT/ORGANIZATION REPRESENTING:  
\_\_\_\_\_

ADDRESS: (H) \_\_\_\_\_  
\_\_\_\_\_

(W) \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(E-MAIL) \_\_\_\_\_

ATTENDING WITH BLOODHOUND? \_\_\_\_\_  
**(You can only attend with one hound)**

HOUND'S CALL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

\*(Make sure you enclose or bring Health Cert. – need Bordetella vaccine)\*

HANDLER'S EXPERIENCE (detailed, if first time attending):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOUNDS EXPERIENCE (detailed, if first time attending):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER MANTRAILING BLOODHOUND SEMINARS ATTENDED:  
(If previous VBSAR seminars, list your instructors)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROBLEMS/CONCERNS (with your dog team):  
\_\_\_\_\_  
\_\_\_\_\_ (use back if needed)

**\*\*\* LIST ANY AND ALL MEDICAL CONCERNS FOR YOUR DOG AND YOU, ON BACK\*\*\***