

Canadian Canine Career Centre

APPLICATION FOR ENROLLMENT

Please fill out entirely and mail with a \$500.00 non-refundable deposit. The deposit will be deducted from the tuition fee and guarantees your spot in the time frame allotted.

Name: _____

Address: _____

City: _____

Province: _____

Postal Code _____

Phone Number _____

Date of Birth _____

Email Address _____

Do you have any physical disabilities which will limit you during the course _____

What is your education level _____

Do you have any special training that will assist you in this course _____

What is your present occupation _____

Please state your future dog oriented goals _____

Briefly state any other information that would be helpful to us

What type of dog will you be bringing with you. _____

Please return this application and deposit to this address;

Attention: Mr. Doug Morrison

16 Forgotten Lane

Bethany, Ontario

L0A 1A0