

All info below is required to secure a space in our ORT (please print clearly)

NACSW™ Member ID: _____

Handler Name: _____

Contact Telephone #: _____

Email: _____

Note: You must enter your email address to receive your confirmation prior to the ORT with your assigned time and details.

NACSW™ K9 ID: _____

Dog's call name: _____

Breed: _____

** This helps us to identify who's who the day of the ORT so we can get you on deck and into the test faster. It's not mandatory, but it is helpful.

Odors testing (please indicate all that apply-\$20/odor):

BIRCH _____ ANISE _____ CLOVE _____

Total amount enclosed:\$ _____

You can either submit via email using the Submit button or save and print this form. If you print this form, mail with check to address below. If you email form you can either send payment via mail or use Paypal button on this website under the ORT page.

Checks must be made payable to: "Paws 4 Thought", and mailed with your registration form to:
Paws 4 Thought, 1715 Lashley St., Longmont, CO 80504

Please feel free to include any comments on the reverse side of this form.

If you have questions about the ORT, please email: paws4thoughtco@gmail.com or call: 303-775-7383

I/We hereby assume all risks of, and responsibility for, accidents and/or damage to myself or to my property or to others, resulting from the actions of my dog. I/We expressly agree that Paws 4 Thought Dog training LLC and Zinn Dog Training, and/or NACSW™ or any other person, or persons, of said groups, shall not be held liable personally, or collectively, under any circumstances, for injury, and/or damage to my person, for loss or injury to my property, whether due to uncontrolled dogs or negligence of any member of said groups, or any other cause, or causes.

An ORT must be taken and passed at least 14 days before a trial opening date to be eligible for the first draw period.

Signature: _____