



dog grooming and training academy

Enrollment Form

Title	_____	Address	_____
First Name	_____	Post Code	_____
Surname	_____	Home Tel.	_____
Date Of Birth	_____	Mobile Tel.	_____
Member of Staff <input type="checkbox"/>	Previous Student <input type="checkbox"/>	Email Address	_____

Next of Kin details

Name	_____
Relationship	_____
Telephone	_____

Course Details

Title	_____
Duration	_____
Start Date	_____
Price	_____

Do you have a disability or learning difficulty? _____

Do you have any health concerns, allergies, or are you receiving any medication? _____

Terms and Conditions

A 50% deposit is required to secure your place. The deposit is non-refundable.

All cancellations must be made in writing, no less than 14 working days prior to your original start date.

The final balance is to be made, in full before 10 working days of the commencement of your original start date.

Please make cheques payable to: K.Allegretti.

I confirm I have read & understand the terms & conditions of business as set out on this Internet site/form and I agree to be bound by this.

Signature: _____ Date: _____