

TOM ROSE SCHOOL LLC. TRAINING CANINE PROFESSIONALS SINCE 1979

6701 Antire Rd. High Ridge, MO 63049 1-888-TOM-ROSE www.TomRose.com

Application

Toll Free: 1-888-TOM-ROSE info@tomrose.com

Please fill out entirely and send in with a registration fee of \$100. This fee is NON-REFUNDABLE.

Name:			
Address	City:	State:	Zip:
Phone:	Age:	Birth Date:	
E-mail:	<u>@</u>		
Driver's License Number:			
What workshop would you like to	attend?		
Are you signing up for the All-Inc	clusive Package (includes ho	using and utilities)	PYES NO
How did you hear about us? Web s	site / Social Media / Refe	rral	
Physical condition and health:			
Employment References:			
In the following sections it is impo	ortant that you list area code	es, phone numbers	and your
immediate supervisor (employer) o	of your present and past em	ployment over the	past five years.
Include an extra sheet if you need	more space.		
Current Employment:			
Occupation:	Supervisor:		
Type of Work:	Supervisor Phone Nu	ımber:	_
Dates Employed:			
Previous Employment (1):			
Occupation:	Supervisor:		
Type of Work:	Supervisor Phone Nu	ımber:	_
Dates Employed:			

Dog Training History:

Have you attended any dog training schools? YES NO
If yes, where?
Please list any prior experience you have working with dogs:
Training level (if any) and breeds of dogs currently owned:
Personal References:
Name & Relationship to you:
a. Address:
b. Phone Number:
2. Name & Relationship to you:
a. Address:
b. Phone Number:
3. Name & Relationship to you:
a. Address:
b. Phone Number:
Financing:
How do you plan to pay for tuition?
Cash / Credit Card (3% fee) / Check
Security:
Do we have your permission to check your local, state and federal credit and security
information? YES NO
Social Security Number:

Agent of The Tom Rose School, LLC:______ Date:_____

Signature:______ Date:_____

Applications typically take 10 days to process, not including weekends or holidays.