



TOM ROSE SCHOOL LLC.

TRAINING CANINE PROFESSIONALS SINCE 1979

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

Application for Enrollment

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

Name: _____

Address _____ City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Birth Date: _____

E-mail: _____ @ _____

Driver's License Number: _____

What week(s) would you like to attend? _____

Do you want to sign up for the "All Inclusive Package" (Housing and utilities) **YES** **NO**

How did you hear about us? **Website / Social Media / Referral**

How do you plan to pay for the workshop?

Cash / Credit Card (3% fee) / Check

Physical condition and health: _____

Which training objective are you interested in focusing on?

Training level (if any) and breeds of dogs currently owned:

Goals:

Below, please include a brief (two to three paragraph) explanation of your interests and goals for attending the workshop.

We the undersigned have read and understand this Application Agreement and certify that all information is correct.

Participant: _____ Date: _____

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

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