



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.

[illegible]

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.