

Kilookas

514-830-2387

chantalerobinson26@gmail.com

www.kilookas.weebly.com

Registration Form

Name : _____

Address : _____

City: _____ Postal Code : _____

Tour pet"s name : _____ Breed : _____

Tel: _____ Work tel: _____

Email: _____

Profession: _____

How did you discover Kilookas continuing education? : _____

Which course will you follow? _____

Will you be bring your dog to the course? _____

Date the course is offered : _____

Deposit required \$ 50.00 _____ # check _____

(Non-refundable deposit)

Date _____

Signature _____

Send your registration and deposit to:

Kilookas

2851 du Trotteur

St-Lazare J7T 3M2