

CHENNY TROUPE TEST RESERVATION FORM

_____ Please reserve a space for me and my dog at the practice and testing sessions,
on _____* and _____*.
*(dates available on home page of our web site)

_____ I am interested in testing my dog in the future, so please notify me of the future
testing dates.

NAME _____

DOG'S NAME _____

DOG'S BREED AND AGE _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

PLEASE COMPLETE:

To the best of my knowledge, my dog _____ (dog's name) is not aggressive
toward humans and other dogs.

_____ (signature and date)

When we receive your reservation form, we will advise you of the location of the test,
and provide you with a copy of our therapy dog test to help you and your dog prepare.

PREFERRED METHOD OF NOTIFICATION: _____ **E-MAIL** _____ **PHONE**

YOUR CHECK FOR \$25, PAYABLE TO CHENNY TROUPE, MUST ACCOMPANY THIS FORM.
RESERVATIONS ARE REQUIRED, AND ARE NOT COMPLETE UNTIL PAYMENT IS
RECEIVED.

Caryl Horn
Associate Director
Chenny Troupe, Inc.
1700 W. Irving Park Rd.
Suite 311
Chicago, IL 60613
773.404.6467
email: info@chennytroupe.org