CONNIE CLEVELAND-NOLAN SEMINAR
January 9-10, 2027

OWNER'S NAME: _____

HAVE YOU ATTENDED A CONNIE SEMINAR IN THE PAST? YES OR NO

ARE YOU A MEMBER OF THE OBEDIENCE TOAD? YES OR NO

BREED: _____**CALL NAME:** _____

AGE OF DOG: _____

WHAT CLASSES ARE YOU CURRENTLY COMPETING IN? _____
_____

WHAT ARE YOUR TRAINING GOALS? _____
_____
_____

ARE YOU ENCOUNTERING ANY PROBLEMS? (PLEASE LIST) _____
_____
_____
_____

Are you encountering any problems (please list)? _____
_____
_____
_____

Are there other issues that you would like to have addressed? _____
_____
_____
_____
_____
_____

PLEASE EMAIL COMPLETED FORM TO JULIE KOLBERG AT JKOLBERG@T2TRAINING.COM