



MASTER TRAINER / TRAINER REGISTRATION

VIRGINIA POLICE WORK DOG ASSOCIATION

FALL WORKSHOP

October 14th – October 18th, 2024

LAST NAME: _____ FIRST: _____ MI: _____

ADDRESS INFORMATION:

HOME:

WORK:

ADDRESS: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CITY: _____ ST: _____ ZIP: _____

PRIMARY PHONE: (____) _____ - _____

PRIMARY PHONE: (____) _____ - _____

POSITION HELD: HANDLER (Active Retired)

TRAININER (Active Retired)

CHECK THE FOLLOWING DISCIPLINE(S) YOU ARE CURRENTLY A CERTIFIED MASTER TRAINER IN:

UTILITY

NARCOTICS

EXPLOSIVES

CADAVER

BLOODHOUND

SAR

BLACK POWDER

ACCELERANT

WILL YOU BE ATTENDING THE BANQUET? NO YES: # OF GUESTS _____ x \$25 each

REGISTRATION FEES: NO FEE FOR MASTER TRAINERS THAT ARE TRAINING AND CERTIFYING TEAMS AT THE WORKSHOP. PLEASE CONTACT MPO JEFF WRIGHT IF YOU WILL BE SHARING A ROOM WITH ANOTHER MASTER TRAINER, THE ASSOCIATION WILL PAY FOR HALF OF THE ROOM.

PLEASE SEND COMPLETED REGISTRATION FORMS TO:

By Email: joseph.agustin@norfolk.gov, piercer@portsmouthva.gov

By Mail:

Joseph Agustin

Norfolk Police Department K9 Corps

6101 Cape Henry Ave, Norfolk, VA 23502

Checks payable to VPWDA

ATTENTION: THE BELOW WAIVER MUST BE SIGNED & DATED IN ORDER FOR YOU TO PARTICIPATE!!!!

WAIVER STATEMENT:

I, the team of (handler) _____ and (K9) _____ absolve the Roanoke Police Department and any employees or representative thereof, as well as the Virginia Police Work Dog Association, its president, officers, and any members or representative hereof from liability incurred while attending the Virginia Police Work Dog Association Fall Workshop to be held on October 14th-October 18th, 2024, to include acts of God, accident, injury or sickness.

SIGNATURE: _____ PRINTED NAME: _____

AGENCY: _____ DATE: _____