## K-9 SEMIANR REGISTRATION FORM

**June 10th-14th, 2024**

**HANDLER’S NAME: .**

**(ONE PER FORM)**

**K-9’S NAME: .**

**ADDRESS: .**

**CITY: STATE: ZIP CODE: .**

**TELEPHONE NUMBER: ( ) EMAIL:\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_.**

**DEPARTMENT NAME: .**

**DEPARTMENT ADDRESS: .**

**DEPARTMENT TELEPHONE NUMBER: ( ) .**

**AMOUNT ENCLOSED: .**

**($225.00 per K9 Team payable to Southern Tier Police Canine Assoc. Inc.)**

**MAIL THIS REGISTRATION FORM AND PAYMENT DUE BY JUNE 1, 2024**

**(non refundable after JUNE 2, 2024)**

**Mail to: Southern Tier Police Canine Association, Inc.**

**3631 Lorne Drive, Endwell, New York 13760**