

**INSTRUCTOR
ASSISTANT INSTRUCTOR and
SUBSTITUTE
INFORMATION SHEET**

NAME:

ARE YOU A MEMBER OF GABOC (Being a member is not a prerequisite): **Yes** **No**

EMAIL ADDRESS:

CELL PHONE NUMBER:

HOW LONG HAVE YOU BEEN OBEDIENCE TRAINING?

ARE YOU CURRENTLY TRAINING IN ONE OF OUR CLASSES? **Yes** **No**

IF SO, WHICH CLASS?

IF YOU ARE TRAINING IN ONE OF OUR CLASSES, WHAT IS YOUR ULTIMATE GOAL?

**WHAT IS THE HIGHEST OBEDIENCE TITLE YOU HAVE EARNED ON A DOG?
YOU MUST HAVE EARNED A TITLE IN ORDER TO TEACH IT.**

HAVE YOU EVER INSTRUCTED OR ASSISTED IN OBEDIENCE? IF SO, EXPLAIN!

TELL US A LITTLE ABOUT YOURSELF:

When completed, please return to Liz Hixon, Director of Training