



Happy Paws Summer Camp

July 13 - July 16, 2020

July 27 - 30, 2020

August 10 - 13, 2020

Full Session **\$350.00** +Tax

Includes participation in all activities from 8:00 am to 3:00 pm for four days, and one Happy Paws Camp T-shirt.

Half Session **\$200.00** +Tax

Includes all activities from 8:00 am to 12:00 pm for four days.

Registrations forms can be picked up at our Office (Monday-Friday 10 am - 4 pm).
Please call **973-625-2495** for more information.

Paws-itive Experience Pet Services, LLC
114 Beach Street, Building #5, 2nd Floor, Rockaway, NJ 07866

Happy Paws Summer Camp

Owner:

Name: _____

Address: _____

Cell: _____ Home/Work: _____

Email: _____

Dog:

Dog Name: _____

Breed: _____

DOB: _____ Sex: _____ Spayed/Neutered (Yes/No): _____

Happy Paws Summer Camp (Adult Dogs)

July 13 - 16, 2020 July 27 - 30, 2020 August 10 - 13, 2020

Full Session **\$350.00 +Tax** T-Shirt Size _____ Half Session **\$200.00 +Tax** (8:00 am—12:00pm)

Pre-Paid Registration is required and non-refundable.

Credit Card: Number: _____ Exp. Date: _____ / _____

3-Digit CVC Code: _____

I hereby certify that the above credit card is in my name and I authorize its use to purchase products and services from Paws-itive Experience Pet Services. The amount charged will depend on how often I bring my dog(s) to Happy Paws Summer Camp as well as other goods and services that I purchase from Paws-itive Experience Pet Services.

I, the undersigned, in consideration of the enrollment for Happy Paws Summer Camp by Paws-itive Experience Pet Services, do hereby agree that I release and waive any legal right that I may have within the law to recover medical payments, property damage or bodily injury damages for any liability regardless of cost, provided that the liability is due to ordinary negligence as a result of any injury I may sustain from any dog, including my own dog, within the Happy Paws Summer Camp of Paws-itive Experience Pet Services.

I have read this paper and am fully aware that this contract constitutes a waiver and release of any injury to me, my dog or other property. I hereby certify that at the time of this signing, I am of sound mind and body.

Owner's Signature: _____ Date: _____

Paws-itive Experience Pet Services,
114 Beach Street, Building #5, 2nd
Floor Rockaway, NJ 07866

Phone: 973-625-2495
Email: office@Paws-itiveExperience.com
Website: www.Paws-itiveExperience.com