

APPLICATION TO BECOME A CWVC MENTOR

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email Address: _____

Area(s) of Interest for Mentoring: _____

Are you willing to have your name, phone number, & email address published on the CWVC Website? _____

How many years have you had Vizslas? _____

How many Vizslas do you currently own? _____

Do you have experience with other breeds? (If so, list them along with type of experience.) _____

List qualifications for being a mentor in your chosen area. (Please include classes taken, classes taught, seminars attended, titles put on dogs, litters whelped, etc. Refer to guidelines so you make sure you including information appropriate for area you would like to mentor in.) _____

