



YIP Scheduling Information Form

For May 27 – July 27, 2025

Name: _____

Address: _____
Street Town Zip

Your Cell Phone # _____

Your Email: _____@_____. _____

Parent/Guardian Daytime Contact Phone# _____

T-SHIRT SIZE (Circle One) XS S M L XL XXL

KNOWN DATES YOU WILL BE UNAVAILABLE
You will need eight (8) shifts to complete this program.

Circle the # of days you want to work with the DOGS ➡ 1 or 2

1ST Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:30

2ND Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:30

3RD Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:30



Circle the # of days you want to work with the CATS ➡ 1 or 2

1ST Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:00

2ND Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:00

3RD Choice: **S M T W Th F S** 6:30-10:00 or 10:00-2:00

