



**"WALK YOUR PAWS OFF" DOG WALK
TO BE HELD JUNE 1, 2008 (Rain Date June 8, 2008)
REGISTRATION FORM**

ENTRY RULES: Each person must fill out a separate form. All dogs must have proof of rabies vaccination to participate. Children under the age of 15 must be accompanied by an adult. All dogs must be leashed at all times. Please complete this form and bring to registration table, along with \$5.00 registration fee on day of event. If you are unable to attend, but would like to make a donation, please complete this form and return it along with your donation to Humane Society & Shelter SouthCoast, 31 Ventura Drive, Dartmouth, MA 02747.

Walker Information:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Evening Phone: _____
Email Address: _____
Adult _____ Under 15 _____

Dog Information: (Please provide information for each dog walking. Use back of form if more space is needed)

Name: _____
Breed: _____ Adopted from HSSSC? Y N

Name: _____
Breed: _____ Adopted from HSSSC? Y N

\$5.00 Registration Fee due at time of registration. Fee will be waived if walker collects \$20.00 or more in pledges.

____ Sorry, I will not be able to participate, but I want to contribute. My donation of \$ _____ is enclosed.

No dog? No problem!!! Come walk with us and show your support!!!

Waiver of Liability: I agree to absolve Humane Society & Shelter SouthCoast and all other individual or organized sponsors of any blame or liability, misadventure, harm, or inconvenience suffered in any of the activities associated with the event. I will be responsible for the conduct of my pet and for keeping my pet leashed at all times. I will additionally permit the use of our names and pictures in broadcasts, newsletters and/or promotional materials.

Signature _____

(parent or guardian if under 18)

Questions? Feel free to call (508) 995-6661.

THANK YOU FOR YOUR SUPPORT

For HSSSC Use Only

Registration Fee Pd _____ Waived _____

Proof of Rabies _____