

**ASK YOUR FAMILY, FRIENDS & NEIGHBORS
TO SPONSOR YOUR DOG!**

(Please collect & bring your pledges to the dog walk!)



**THE TOP FUNDRAISER WILL BE AWARDED
A \$100 AMERICAN EXPRESS GIFT CARD**



**SUNDAY, OCT. 4, 2015 • 11AM-3PM
ON SITE REGISTRATION BEGINS AT 10AM
OPENING CEREMONY AT 11AM
NORTH BRUNSWICK COMMUNITY PARK**

Name: _____

Amount: \$ _____

Address and/or e-mail: _____

Name: _____

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Name: _____

Amount: \$ _____

Address and/or e-mail: _____

Name: _____

Amount: \$ _____

Address and/or e-mail: _____

cut along dotted line and mail in

REGISTRATION FORM

ENTRY FEE

Pre- Registration Fee: \$15 for the 1st dog

Day of the Event Registration Fee: \$20

\$5 for each additional dog

Checks payable to:

North Brunswick Humane Association (tax-exempt)

Send check and registration forms to :

North Brunswick Humane Association
PO Box 7522 • North Brunswick, NJ 08902

Dogs must be licensed, vaccinated and leashed at all times!

Info: dogwalk@northbrunswickhumane.org or Michele 732-713-3532

Name: _____

Address: _____

E-Mail: _____

Phone Number: _____

Dog's Name: _____ Dog's Age: _____ Dog's Weight: _____

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Dog's Name: _____ Dog's Age: _____ Dog's Weight: _____

____ Virtual Walker - Please check here if not attending but would like to donate.

***Only (1) tote bag per registration form**

How did you find out about this event? _____

In consideration of my participation in the 2015 Dog Walk-a-Thon, my dog is a minimum of 16 weeks old, licensed, and current on all vaccinations. I agree to clean up after my dog, obey all traffic laws, exercise safety precautions, avoid littering and respect the property of others. I attest to my own and my dog's physical capabilities, and I realize that there are risks associated with participating in this event. I accept full responsibility for any injury or accident to myself or to my dog. I understand that since this event involves many people and dogs, I will have my dog under control at all times. I also waive any and all claims for myself against the Township of North Brunswick Department of Parks, Recreations & Community Services, North Brunswick Humane Association as well as the officials and the sponsors of this event. I hereby give officials permission to obtain any medical aid required for myself or my dog during this event.

Signature (required) _____

(parent or guardian must sign if under 18)

Date _____