# REGISTRATION FORM 21st Annual North Brunswick Dog Walk-A-Thon and Adoption Event

SUNDAY, SEPTEMBER 21, 2024 11AM - 3PM
RAIN DATE SEPTEMBER 28, 2024
ON SITE REGISTRATION BEGINS AT 10AM
OPENING CEREMONY AT 11AM
NORTH BRUNSWICK COMMUNITY PARK
2053 ROUTE 130 SOUTH • NORTH BRUNSWICK

### **ENTRY FEE**

Pre- Registration Fee: \$15 for the 1st dog Day of the Event Registration Fee: \$25 \$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: info@NorthBrunswickHumane.org or Michele 732-713-3532

Name:		
Address:		
E-Mail:		
Phone Number:		
Dog's Name:	Dog's Age:	Dog's Weight:
Dog's Name:	Dog's Age:	Dog's Weight:
Dog's Name:	Dog's Age:	Dog's Weight:
_ Virtual Walker - Please check here	e if not attending but would like to d	lonate.
*Only (1) gift ba	ag per registration form	
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How did you find out about thi	s event?	
In consideration of my participation in the 20	25 Dog Walk-a-Thon, my dog is a minimum o	of 16 weeks old, licensed, and cur

In consideration of my participation in the 2025 Dog Walk-a-1 non, 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 herby give officials permission to obtain any medical aid required for myself or my dog during this event.

during this event.	, , , , ,	
Signature (required)	<u>PAYMENT TYPE</u>	
• • • •		
(parent or guardian must sign if under 18)	CHECK \$	
Date	PAYPAL \$	
	VENMO \$	
	VERIFIED By	