

PAWS 2nd ANNUAL AUTUMN DOG WALK - SUNDAY OCT 3, 2010

Registration and Pledge Form

Name of Walker: _____ Phone #: _____

Address: _____

E-Mail: _____

Emergency Contact Name: _____ Phone#: _____

Your can begin your walk anytime between 10 AM and 1 PM. This is a rain or shine event. All dogs must be leashed, licensed, and have a current Rabies vaccination. **▶You do not have to bring a dog!** You may walk in your pet's name, walk to remember a loved one, or simply walk to support our efforts.

WAIVER: In consideration of my participation in the 2nd Annual PAWS Autumn Dog Walk, I hereby for myself, my heirs, and administrators, assume any and all risks that might be associated with this event. I waive and release any and all rights and claims for damages which I may have against Pocono Animal Welfare Society, Inc., the Commonwealth of Pennsylvania, Tobyhanna State Park, the organizers and any/all others connected with this event.

Signature: _____

Signature of Guardian (if under 18): _____

**Please ask for pledges/sponsors for your walk efforts.
Registration donation (\$10.00) and pledges are due the day of the event.**

| Pledge Name | Address or Email | Pledge Amount |
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| <p>You may attach additional sheets for more pledges. Make Checks payable to PAWS (Pocono Animal Welfare Society).</p> | | <p>Pledge Total \$</p> |

Enjoy the Walk - Thank You For Your Participation!