

## HOWL-O-WEEN DOG PARTY REGISTRATION FORM

I agree to have my dog leashed and current with vaccinations. I hereby waive, release and discharge the Howl-O-Ween Dog Party, it's sponsors, and all municipalities, organizations and individuals involved with the Howl-O-Ween Dog Party from any and all claims from damages of any kind whatsoever, foreseen and unforeseen. I also release any photos of this event for any purpose and understand that registration fees are non-refundable.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Dogs Attending \_\_\_\_\_ X \$10 ea. = \$ \_\_\_\_\_ Total Amount Enclosed

Signature \_\_\_\_\_

**Make check payable and mail to: Action For Animals • Attn: Howl • P.O. Box 814 • Latrobe, PA by October 20th**