



**6th Annual
Tail-Waggin' Walk-a-thon
Sunday, Oct. 2 | 10am-2pm
@ Burgoyne Woods Dog Park**

Walker's name: _____
 Address: _____
 Phone: _____
 Email address: _____

Please collect pledges in advance. Cheques can be made payable to the Lincoln County Humane Society. Tax receipts will be issued.

Sponsor's Name	Address/City	Postal Code	Phone	Donation Amount	Donation Attached?
Joanne Walker	124 Sample Street	L2R 4F5	905-999-9999	\$25	yes
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

Total Donations: _____

Release Statement

I, _____, release the Lincoln County Humane Society Dog Walk-a-thon sponsors and organizers from any claims or liability resulting from my participation in the LCHS Tail-Waggin' Walk-a-thon.

Signed _____ **Date** _____