

Tails On The Trail

Dog Walkathon & Catnapathon

Pledge Sheet

Team Name _____



Walkers Name	Parent/Guardian signature required to participate if under 18 years of age	Day Phone	Evening Phone
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Address	City	State	Zip
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**Registration encouraged before May 15th to ensure participation prize.
Pledges should be turned in the day of the event or at the shelter by June 15th.**

	Name	Address/City/State/Zip	Pledge	Paid
1				
2				
3				
4				
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6				
7				
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9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Please make checks payable to: **Headwaters Animal Shelter,**
901 Western Ave S, Box 573
Park Rapids, MN 56470
 Contributions are tax deductible
 Visit our Website at www.HeadwatersAnimalShelter.org



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Walkers Name _____

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Team Name _____

	Name	Address/City/State/Zip	Pledge	Paid
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

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Tails On The Trail Tally Sheet

Prizes Awarded on basis of pledges turned in on day of walk

Walkers Name _____		Phone _____	
Mailing Address _____	City _____	State _____	Zip _____
Age _____	Email _____		

Turn in this completed form with Pledge Sheets

Enter total amount of **CHECKS** enclosed \$ _____

Enter total amount of **CASH** enclosed \$ _____

Total \$ amount of **ALL FUNDS ENCLOSED** \$ _____

Prizes Awarded for Collected Amounts Only

I understand that participating in the Headwaters Animal Shelter Tails On The Trail event may involve risk to myself and to my pet(s). I assume all risks associated with participating in this event. I fully and completely release the Headwaters Animal Shelter, its directors, officers, volunteers, agents, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with my participation in this event. In the event of an emergency, I authorize urgent medical care for myself and/or my pet at my own expense. The Headwaters Animal Shelter has my permission to use mine and my pet's name and any photos taken during the event for any newspaper articles, website articles or other promotional materials pertaining to this event. I have read and understand the rules for the Headwaters Animal Shelter Tails On The Trail event and agree to abide these rules and any decision of the event officials. I have read and understand this waiver and release and agree to its terms and conditions.

Signature _____ (parent/guardian if walker is under 18)

For shelter use only

Prizes distributed: Bandana: _____ Pledge Prize _____ T-shirt _____

Prize distribution completed _____
(Participant Initials)

Number of people walking with this participant _____