

Tri-County Humane Society's  
**31<sup>ST</sup> ANNUAL COMPANION WALK**



SEPTEMBER 7, 2019 | 9 AM –1 PM | WILSON PARK, ST. CLOUD  
 TRICOUNTYHUMANESOCIETY.ORG/WALK

**THANK YOU FOR HELPING LOCAL PETS**

- \$100 Cares for a pet for 5 days
- \$75 Treats a respiratory infection
- \$50 Spays/Neuters a shelter pet
- \$25 Microchips a shelter pet
- \$10 Vaccinates a shelter pet

FOR REGISTRATION USE ONLY: Grand Total \$: \_\_\_\_\_

Registration #: \_\_\_\_\_ Registered by: \_\_\_\_\_

WALKER PLEASE COMPLETE + SIGNATURE & CONTACT INFO AT BOTTOM

Walker Name(s) \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

Team Name: \_\_\_\_\_

DONOR NAME		ADDRESS, CITY, STATE, ZIP	PHONE	EMAIL	DONATION AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
ATTACH COPY OF <b>ADDITIONAL DONATION FORM(S)</b> AND SUBTOTAL HERE					
PRINT AND ATTACH COPY OF ONLINE DONATIONS RAISED USING <b>FACEBOOK</b>					
PRINT AND ATTACH COPY OF ONLINE DONATIONS RAISED USING <b>GIVEMN.ORG</b>					
				ONLINE TOTAL	
<b>Make checks payable to: TCHS</b> Contributions are tax-deductible to the fullest extent allowed by law.				<b>GRAND TOTAL</b>	

MBAH Kennel License MN14020

**PARTICIPANT TERMS AND CONDITIONS:** I do hereby pledge to participate in the Tri-County Humane Society (TCHS) 31<sup>st</sup> Annual Bark to the Future Companion Walk on Saturday, September 7, 2019, at 10 a.m. By signing this form I hereby release TCHS, the event committee and individuals, the City of St. Cloud, and other official sponsors from all claims or liabilities of any kind of nature resulting from, arising out of, or incident to my participation and to my pet(s) participation in this event. I realize that participation in this event could potentially cause injury. I hereby accept and assume all risks associated with participation in this event and agree to practice road and pedestrian safety and clean up after my pet(s). In signing this, I also give TCHS permission to use photos taken of me during the event in any promotional material, publication, social networks or on the TCHS website.



Parent/Guardian signature required if participant is under 18 years of age. **Walker/Guardian Signature** \_\_\_\_\_

**Email** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_