19th

Annual

Dog Jog



Walker Information

Name:	
Address:	
Email:	
Phone #:	

September 16th, 2017 • Registration starts 10:00 AM • Spring Lake Park

My Fundraising Goal is \$

PLEDGE FORM

Spoi	nsor's Name	Email Address/Phone #	Cash Amount	Check Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	may copy this pledge form. n participant should have their own pledge form.	TOTAL	\$	\$
Please collect cash/checks (payable to MDAR) when pledge is made in order to turn in all funds on the day of the walk.		GRAND TOTAL	\$	

I hereby authorize the use of any photos or videos taken by representatives of the MDAR to be used for advertisement. The MDAR or Spring Lake Park are not responsible for accidents, illness, or injury that walkers or their pets may incur during participation of the 2017 Dog Jog.

Walker or Guardian's Signature:	Date:
Walker of Quartilati 3 Signature.	Date.