American Cancer Society

Canine Bark For Life

Relay Site Name: Williamsport, PA

SUNDAY, April 29, 2012 - Registration Begins 12:00 p.m.

Walk Begins 1:00 p.m.

SOUTH WILLIAMSPORT POOL COMPLEX



| Day of Event Registration and Waiver Form PLEASE PRINT ALL INFORMATION | |
|---|---|
| Canine Owner's Name: | |
| Sanine Name/Names: | |
| ddress:City: | State: Zip: |
| This is my address at: Home Work (please check | one) |
| ome Phone: () Work Phone: () ome Phone: () Cell Phone: () | Ext |
| I prefer to be contacted at: Home Work Cell | (please circle one) |
| mergency Contact Name: Emergency Contact Phone 18 years old or under: ~ No ~ Yes (If so, please list age:) Emergency Email: Enclosed is my check payable to American Cancer Society for my registration of | |
| Enclosed is my check payable to American Cancer Society for my registration of Life | \$10 for the Canine Bark For |
| Signature | |
| Mail to American Cancer Society, 1948 West Third Street, Williamsport, PA 17701 | |
| | |
| Canine Bandana Size:SMALL LARGE (Please enter quantity of each if registering more than one dog WAIVER: Each canine owner MUST read and sign. | on this form) |
| | |
| As a participant in the Canine Bark For Life I, for myself, my executor, administrators, and as and discharge the American Cancer Society, the event site, their management, their officers, organizers, or their representatives, or their successors, and all cooperating businesses and claims of damages, demands, actions, and causes whatsoever, in any manner arising or gro participation or that of my dog/dogs in this event. | members, sponsors, organizations from all |
| I give my full permission for the use of my name and photographs in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me premises or prior to transport to a medical facility for further treatment. | or my dog/dogs on the |
| Participant Signature: | Date:/ / |
| (Signature of parent or legal guardian if human participant is under 18) | |
| Please visit: www.relayforlife.org/pawilliamsport for more information | For ACS office use only |
| The official registration and financial information of the American Cancer Society, East Central Division, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 800.732.0999. Registration does not imply endorsement. Ohio residents may call 717.783.1720. | Date Entered into TES:// Entered by: |