CHESTER COUNTY SPCA
Bringing Animals and People Together

25th Annual

Walk for Paws

May 6, 2012, 11 a.m. -- 2 p.m.
Hibernia Park

Registration Form

Deadline for Pre-Registration is May 4, 2012

Contact Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____ Birthday:_____

How did you hear about the event?

☐ Brochure ☐ Always attended ☐ CCSPCA website ☐ Facebook
☐ Twitter ☐ Friend ☐ Constant Contact ☐ Other: _____

Registration Fees: Adults: $25 ~ Children ages 6-17: $8 ~ Children ages 5 and under: Free!
**Additional fees will apply for registrations received after the May 4, 2012 pre-registration deadline*

# of Adults:_____ x $25 each =$_____ # of Children (6-17): _____x $8 each=$_____ # of Children 5 and under: _____ **Total Cost: $ _____**	**T-Shirt Sizes for registered attendees** **(please note sizes can not be guaranteed):**		
	Youth S: ____ Youth M: ____	Adult S: ____ Adult M: _____	Adult L: _____ Adult XL:_____ Adult XXL:_____

My method of payment is:

☐ Check made payable to Chester County SPCA

OR

☐ Charge on my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover.

Name on Card _____

Account No. _____ Exp. Date _____

Signature _____

THE WAIVER BELOW MUST BE COMPLETED IN ORDER TO REGISTER FOR THE WALK

WAIVER OF LIABILITY

In consideration of you permitting me and or anyone I have registered to participate in the *Walk for Paws* and other good and valuable consideration, the receipt of which is hereby acknowledged, I and or anyone I have registered hereby release and forever discharge the Chester County SPCA, its directors, officers, agents, volunteers, successors, and assigns, and the park in which the *Walk for Paws* takes place (Hibernia County Park), of and from all claims, actions and demands whatsoever which I and or anyone I have registered or my heirs and assigns can and may have with respect to any injuries to me, my family members, or my pet(s), or damage to or losses of any property incurred in connection with or as a result of the *Walk for Paws.*

Your signature (or signature of parent/guardian for walkers under 18)

Signature:_____ Date: _____

Return form via Mail or Fax:

Mail: 1212 Phoenixville Pike, West Chester, PA 19380
Fax: 610-436-4630