



2020 Dog Walk Form A

Please e-mail your completed forms and pledges to info@lab-rescue.ca

Participant		Dog's Name	
Address			
Email Address		Phone	()

Name	Full Address with Postal Code	Phone Number	Amount Pledged & Collected
Page ____ of ____	TOTAL		\$

Signature of Walker (Signature of Guardian, if participant is under the age of 18 years): _____