



2025 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): _____