



WestieWalk - 2006

Saturday, October 7th

Pre-Registration Form



NOTE: To receive a color program, medallion necklaces for your dogs, and to be listed in the program, you must pre-register by 9/25/06 -- (no exceptions this year)

Please make your check payable to W.O.O.F. and mail it along with your form to:

WestieWalk

c/o Jean Detrick, 670 White Tail Drive, Gahanna, Ohio 43230

Suggested Donations: 1 Dog \$15 2+ Dogs \$25

Owner(s) Name: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Preferred Method of Contact (for next year's WestieWalk and other W.O.O.F. events):

email: _____ Phone(s): _____ U.S. Mail: _____

Dog Name(s) *	Birthday	BREED		Rescue?
		Westie	Other	
_____	_____	___ Yes	_____	___ Yes
_____	_____	___ Yes	_____	___ Yes
_____	_____	___ Yes	_____	___ Yes
_____	_____	___ Yes	_____	___ Yes

* Please list your dogs names exactly the way you would like them in the program (a maximum of 20 characters)

- I would like information about the Central Ohio Westie Club, W.O.O.F. (Westies Of Ohio Fundraisers)
- I know of other Westies who I am sure would love to come to the walk - Please contact me for their information.
- I would like to be a volunteer for the next WestieWalk in October 2007. Please contact me.

Please Read Carefully and Sign:

I grant permission to W.O.O.F., WestieWalk and any other agencies participating in this event to use any photographs, videos or other recordings/reproductions of my animal(s), myself, or minors accompanying me for any promotional purpose without obligation or liability.

I understand that any participant under the age of 13 must be accompanied by an adult 18 or over. The adult will act as the supervisor of the minor, and will be responsible for the minor's safety and well-being during the WestieWalk event.

My animal(s) have been properly registered and have current vaccinations.

My animal(s) and I are in proper physical condition to participate the WestieWalk.

I assume full responsibility for myself and the welfare and control of my animal(s) at all times during the event.

I release and discharge W.O.O.F., WestieWalk, the City of Gahanna, all sponsors, all vendors, all volunteers and any other participating agency from any claims, liabilities, or causes of action I may have as a result of participating in this event, either foreseen or unforeseen.

Participant / Owner signature _____ date _____

Participant / Co-Owner Signature _____ date _____