

One person per registration form. Please Print Clearly.

Participant Information *Have a question? Please call 1-800-665-1868*

Walk Location:

First Name	Init.	Last Name	<input type="radio"/> Male <input type="radio"/> Female
Employer (optional)			
Suite/Apt. No	Street		
City	Prov/State	Postal Code/ZIP	

Phone (required for credit card payments)

Email

The BC SPCA does not sell, rent, trade or otherwise share the names of our supporters.

How did you hear about Paws for a Cause?

- I am a past participant
- from my employer
- Newspaper, flyer, other print media
- TV, radio, other broadcast media
- Website, e-mail, other online media
- Word-of-mouth

What is your T-Shirt Size?

- Adult Small Youth Small
- Adult Medium Youth Medium
- Adult Large Youth Large
- Adult X-Large
- Adult XX-Large I don't need a T-shirt.

How would you prefer to be contacted?

- Email Postal Mail No Preference
- I prefer not to be contacted by BCSPCA

How would you prefer to be listed online?

- Name Anonymous (not searchable by donors)
- Screenshot:

Registration Options

Fee Amount: \$25.00

- Adult Please check your age group:
 18-24 25-34 35-44 45-59 60+

or
 Youth (fee waived)
 Date of Birth (MM|DD|YYYY)

Disc. Code _____
 Parent/Guardian Signature _____

What is your personal fundraising goal?

Suggested Goal \$250 \$ _____

Will you be walking with a team?

- No
- Yes
 Team Name: _____
 If this is a new team, you will be the captain.

Payment Options

- Cheque or Money order
 - Credit Card
 - VISA
 - Mastercard
 - American Express
- Please make payable to:
BC SPCA Paws for a Cause
- Please do not send cash.

Card Number: _____ Expiry Date: _____
 Cardholder Name: _____

Would you like to make an additional gift with your registration fee? Donation Amount: _____ *Thank You!*

MUST BE AGREED TO BY EACH PARTICIPANT. In consideration of the Scotiabank & BC SPCA Paws for a Cause, accepting this entry and knowledge of the inherent risks associated with this event, I hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the BC SPCA holding this event, their agents, representatives, successors, assigns and event sponsors for any and all injuries suffered by me or my animal companion at this event, or damage sustained by me or my animal companion as a result of this event, for any cause whatsoever including negligence. I understand that this event will be photographed and videotaped and hereby give the BC SPCA rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: epilepsy, heart conditions, etc.) should check with his/her physician before entering. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during the event. All youth participants (17 or under) must have a parent/guardian sign on their behalf.

I have read the above waiver in full understanding.

Please send to: **BCSPCA**
 Gift Processing Centre
 1245 East 7th Avenue
 Vancouver, BC V5T 1R1

Signature: _____ Date: _____

<p>For Branch Use Only:</p> <p><input type="radio"/> No Payment <input type="radio"/> Payment Received (Cheque/CC Attached) <input type="radio"/> Payment Processed (Shelter Buddy Receipt attached)</p> <p>Submit this Form to the Provincial Office Submitted by _____ Date _____</p>	<p>For Provincial Office Use Only:</p> <p><input type="radio"/> Registration Fee <input type="radio"/> Sponsorship</p> <p>RE Batch Number: _____</p>	<p>Participant: Event:</p> <p><input type="radio"/> Donation <input type="radio"/> Donation</p> <p><input type="radio"/> Proceeds <input type="radio"/> Proceeds</p> <p>Participant Registration Number: _____</p>
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Thank you for Registering! See you at the event!