

# WOOFSTOCK! – Fund Raising Form

## Individual/Team Challenge

Name/Team Captain: \_\_\_\_\_ Fund raising goal \$: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If team, Team Name: \_\_\_\_\_

I hereby waive and release any and all claims for myself and my staff against Wanderers' Rest Humane Association, all sponsors, organizational partners, volunteers, and staff for any injury or illness which may directly or indirectly result from my participation in WOOFSTOCK. I grant full permission for photographs and videotapes of me and my staff to be used for any publicity or promotional purposes by Wanderers' Rest Humane Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Record donations below – Bring this form and all funds raised to the event on September 9, 2017.

Name	Address	Phone	Donation Amount
		<b>Total:</b>	