

Carilion Clinic Hospice 2009 Mutt Strut Contest Registration Form

Dog's
Name _____
Dominant
Breed _____

Your
Name _____
Address _____
City _____ State _____ Zip _____
Phone (H) _____ Phone (C) _____
Email _____

Contest Enrollment (check one or more)

- Best Dressed/Costume
- Best Trick
- Dawg - Owner look-a-like
- Smallest Dog
- Largest Dog
- Pooch Frisbee/Ball Retrieval
- Doggie Limbo/High Jump
- Canine Maze
- Best in Show (top fund-raising dog)

Registration Fees

Free general admission
\$5 per contest or
\$15 for 3 or more contests

Mail your completed registration form
and check made out to Carilion Clinic Hospice
to:

Carilion Clinic Hospice
1615 Franklin Rd
Roanoke, VA 24016

I agree to take full responsibility for my person and any animal I bring to the Mutt Strut. I will not hold Carilion Hospice responsible for any damage or injury. I understand there are no refunds and this is a rain or shine event. My dog(s) will be vaccinated, licensed and leashed at all times unless otherwise directed by Mutt Strut staff. No dogs in heat will be allowed at the event. I will not bring a dog that may be dangerous to other animals or humans. *Mutt Strut staff reserve the right to refuse entry to any animal.*

Signature _____ Date _____

Please complete a separate registration form for each dog registered.

How did you hear about this event?

- Poster
- Internet
- Newspaper
- Friend
- Other _____

For more information, please contact Sue Huntington at shuntington@carilion.com or call 540-224-4795.

*All proceeds support
Carilion Clinic Hospice patients
and families*