

ADVANCE Registration fee of **\$25** (one walker/dog) includes a **T-SHIRT**, a **GOODY BAG** & a **DOGGIE BANDANA** (Limit 2 dogs per person. Add \$10 for 2nd dog.) **\$15** reg. fee for walkers without dogs. Please note: Same Day Registration is \$30 (one walker/dog) and \$20 for walkers without dogs.

- Prizes for the INDIVIDUAL & TEAM with the largest amount of \$ pledges.
- Enter the Halloween Costume contest. Prizes for best dog costume & best owner/dog combo costumes!
- Vendors with free info & services for dog lovers such as "Ask the Vet" with Bethel Park Animal Clinic.
- Bring a donation of pet food for the South Hills Interfaith Movement (SHIM) Food Pantry!
- Don't miss our fabulous raffles: gift baskets, and silent auctions
- Walk in honor or in memory of a loved one with MG!
- All proceeds benefit the Myasthenia Gravis Association of WPA.

ALL DOG OWNERS MUST READ AND SIGN:

- All dogs will be screened as they come in
- We reserve the right to turn away any dog that we deem a threat to others
- Dogs in heat will be turned away
- DOGS MUST BE LEASHED AT ALL TIMES
- Limit of two dogs per walker
- Owners are required to clean up after their pets
- Dogs must be up-to-date on vaccinations
- I give full permission to use my name and /or photograph or that of my dog
- I give permission for first aid as deemed necessary for immediate safety

Signature:

Date:

ALL WALKERS MUST READ AND SIGN:

Waiver: Walking and mingling with pets involves risk of injury. I hereby waive all liability claims for myself, executor, administrators, and assigns against the Myasthenia Gravis Association of Western Pennsylvania or its representatives from any injury resulting from participation in this event.

Signature:

Date:

RAIN or SHINE

ONE FORM PER WALKER, PLEASE!

Name:				
Dog's name(s) if applicab	le:			
Address:		City:		Zip:
Phone:				
Email:				
Group or Company TEAM	l Name if	any:		
Adult T-SHIRT size: SmallMedium	_Large	XL	XXL	XXXL
REGISTRATIONS MUST BE R	ECEIVED BI	Y October 1	5 th TO GUA	RANTEE SIZES
(Additional T-Shirts may b	be ordere	d @ \$15 e	ach)	
Emergency contact:			Phone	:

Make check payable to MGA and mail with form to: 490 East North Ave. Suite 410, Pittsburgh, PA 15212



Or to register and pay by credit card visit: www.mgawpa.org

Qth	Annual MC	SA	Pledge Form
SUN	DAY, OCT. 29, 9:00 am Regist & Refr 10:00 am Walk I	eshments	Park Harbor Ibert Shelters ie Park & Gazebo)
a a		E FORM	
Prizes for top indiv	idual & team pledges! List sp	oonsors below and bring form and	d donations with you!
Your Name:	Team	Name, if applicable	Pledge Goal \$
SPONSOR'S NAME	PLEDGE	SPONSOR'S NAME	PLEDGE
	\$		\$
	\$		\$
	\$ \$		\$ \$
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	\$		\$
	\$		\$
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		ТО	TAL PLEDGES \$

M Myasthenia Gravis Association of Western Pennsylvania at Allegheny General Hospital A Treatment & Advocacy Center Strong Together... Since 1955

All proceeds benefit the Myasthenia Gravis Association of Western PA

490 East North Ave. Suite 410, Pittsburgh, PA 15212 (412) 566 – 1545 | www.mgawpa.org