

Pups in the Park!

Saturday, August 29, 2009

10 a.m. to 2 p.m.



Cirque Park
7250 Cirque Drive West
University Place, WA

Join us for the third annual “Pups in the Park” in University Place—
featuring a Pet Parade, vendors, and fun doggie contests!

Fees: \$10 registration per owner/family
OR \$20 for registration and a SUNDOGS membership.

Each registration includes a free Doggie Bandana. All proceeds go towards the new off leash dog area on the Chambers Creek Properties. All dogs must be leashed, vaccinated, and socialized. Sponsored by SUNDOGS and the City of University Place Parks & Recreation Department.

SUNDOGS (Safe, Unleashed and Natural) is a volunteer group dedicated to responsible pet ownership and the creation of off leash dog areas on the Chambers Creek Properties.

To preregister, visit www.CityofUP.com or return the below form to SUNDOGS, P.O. Box 65352, University Place, WA 98464-1352. For more information or to help with this event, please contact Debbie Klosowski at 565-8466, Rod Giffels at 722-1418, or visit www.updogpark.org.

Pups in the Park Registration Form

(please print)

Owner Name: _____

Address: _____

City: _____

Phone/email: _____

Dog(s) Name(s): _____

Please make checks payable to “City of University Place.”

_____ \$10 registration fee per owner/family (includes one free bandana)

OR

_____ \$20 for registration and SUNDog membership/renewal (includes one free bandana)

_____ Additional bandanas at \$5 each

_____ Additional donations are greatly appreciated!

\$ _____ Total enclosed

Participants and parents/guardians of all participants are requested to sign the following release. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of University Place, City of University Place Park and Recreation Division, supervisors, staff, instructors, officials and volunteers for any claim or injury to myself or my/our child. Furthermore, in case of an emergency, and myself or my child should require medical attention, I give permission for a City of University Place representative, or the representatives designee, to secure the emergency medical attention required. Any direction to the contrary should be noted on the backside of this form and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian/Participant Name: _____

Signature _____ Date _____

Check _____ (make payable to “City of University Place”

(VISA or MASTERCARD)

Card # _____ / _____ / _____ / _____

Expiration Date ____ / ____

Authorized Signature: _____