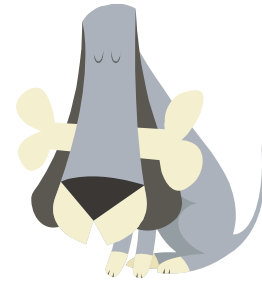


2008 Annual Dog Park Permit Application



Sugar Grove Park District
61 Main Street
Sugar Grove, IL 60554
(630)466-7436
Fax: (630)466-8675
<http://www.sgparcs.org>



Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: () _____ Cell Phone # () _____
Email Address: _____

Name of First Dog: _____ Breed: _____
Rabies Tag Number: _____ 1 Year: _____ or 3 Year: _____
County: _____ State _____

Name of Second Dog: _____ Breed: _____
Rabies Tag Number: _____ 1 Year: _____ or 3 Year: _____
County: _____ State _____

Veterinarian's Name: _____ Phone # _____

Fees:
\$30.00- - - - - 1st Dog
\$15.00 - - - - - Each Additional Dog

Permit is Valid from January 1, 2008 through December 31, 2008

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Sugar Grove Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the enclosed important information, warning of risk, assumption of risk and waiver and release of all claims.

Please Print Name

Signature

Date

Office Use Only

Tag Number(s): _____ Issued By: _____
Amount Paid: _____ Date Issued: _____