

# BARK AVENUE DOG PARK MEMBERSHIP APPLICATION

Please complete application form, liability waiver and submit your up- to-date vaccinations for all dogs with this application. Memberships can be purchased at the Crawfordsville Parks and Recreation Department 922 E. South Blvd. Crawfordsville, IN (765) 364-5175.

OWNER NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE number for text notifications: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## ANNUAL MEMBERSHIPS Good for one year from the date of purchase

1. **\$40** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

2. **\$20** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

3. **\$10** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

## 72 HOUR PASS Good for 72 Hours from time of purchase. *Fob can be returned at the Dog Park or Parks office.*

**\$10** DOG NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Date of Rabies \_\_\_\_\_ Date of Bordetella \_\_\_\_\_ Date of Distemper (DHLPP) \_\_\_\_\_

### OFFICE USE ONLY

Membership total \$ \_\_\_\_\_

Fob # \_\_\_\_\_ (1<sup>st</sup> FREE) Fob # \_\_\_\_\_ \$10 Fob# \_\_\_\_\_ Fob total \$ \_\_\_\_\_

DATE \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_

Liability Waiver signed by all adult users \_\_\_\_\_

Vaccinations provided for all dogs \_\_\_\_\_