

Pet Valu Walk for Dog Guides Insurance Form

Name of event:	
Location of event	: (Address where the event takes place)
Course on to be below	
	the organization asking for the certificate, please provide complete address) d/loss payee: (Please include address of the above)
Date(s)of event: (p	please include setup and tear down time)
0	
Operation's & acti	ivities relating to event:
Additional inform	nation: