



NH Humane Society

Over a century of love for those without a voice.

Thank you for your interest in the New Hampshire Humane Society Cat Tales Program!

Please complete this application and return to:

New Hampshire Humane Society, PO Box 572, Laconia NH 03247

APPLICATION FEE: There is an application fee of \$10 per family.

This fee assists in offsetting costs of the volunteer program and in continuation of our mission.

Questions about this program can be directed to (603) 524-3252 x300 or the front desk receptionist.

The Cat Tales Program is for young people ages 5-12. Participants must be accompanied by an adult at least 21 years old. Attendance at a Cat Tales informational session is required. The Cat Tales Program is available Thursdays 12-5, Fridays 12-5, Saturdays 12-4, and Sundays 10-4.

Please print legibly in blue or black ink

CHILD'S NAME: _____ AGE: _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____

If mailing address is different from above please print below:

MAILING ADDRESS: _____ CITY _____

STATE _____ ZIP _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian NAME: _____

If address is different from above please print below:

ADDRESS: _____ CITY _____

STATE _____ ZIP _____

PHONE NUMBER (HOME): _____ (WORK): _____ (CELL): _____

E-MAIL: _____

If you as parent/guardian are allowing a friend/family member to act as adult partner for the program, please print the name of your assigned representative below and sign.

I give permission for _____ to act as a Cat Tales Program adult partner for my child _____.

Parent/ Guardian Signature

Date

(Please Complete Reverse Side)



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New Hampshire Humane Society
1305 Meredith Center Road Laconia NH 03246
603-524-3252 FAX: 603-524-9539
www.nhhumane.org

I hereby release the New Hampshire Humane Society (NHHS) and all associated municipal agencies whose property and/or personnel are used, and other sponsoring or hosting individuals, from responsibility for any injuries or damages I, or my child, may suffer as a result of my/his/her participation in the NHHS Cat Tales Program, and any tours/interactions at the facility or interactions with any/all of the animals residing at NHHS.

I give permission for my child to be photographed during the visit, and agree that the image may be used for public relations and promotion. The image may be used to accompany any press releases sent from NHHS, and on the NHHS website www.nhhumane.org.

PLEASE PRINT:

Child's name _____

Name of Parent/Legal Guardian _____

Signature of individual (if over 18) _____

Mailing address _____

Telephone _____

Email address _____