## TAMPABAY CAT ALLIANCE, INC.

NAME	TELEPHONE#		
ADDRESS	CITY	ZIP	
E-MAIL ADDRESS			
ARE YOU EMPLOYED	OCCUPATION		
VOLUNTEERED OR A MEN	MBER OF ANY ORGANIZATION		
CURRENTLY WORKING W	ITH ANY ORGANIZATIONS		
DO YOU OWN ANY PETS?	EMERCENCY CO	DNTACT	
PLEASE TELL US A LITTLE	ABOUT YOURSELF AND FAMILY: _		
	RIENCE WITH THE FOLLOWING:		
COMPUTER EXPER	IENCE/KNOWLEDGE		
FUNDRAISING	-110-		
LEGAL/TAX EXPERI BUSINESS SKILLS	ENCE		
BUSINESS SKILLS ARTS/CRAFTS			
CARPENTRY/BUILD	ING		
KENNEL/VET TECH			
PLEASE EXPLAIN ANY OF	THE ABOVE THAT YOU HAVE CHEC	CKED.	

City		State	71D	
Address				
Signature of Parent	e) granting permission for pho	tographing, videotaping a	nd/or recording).	
DATE				
the Tampa Bay Cat Alliance, Inc. I understand that these photograms (including websites) by the Tam I have read the foregoing release understand the contents thereof	at any time in the future raphs, digital images, vide pa Bay Cat Alliance, Inc e, authorization and agre	without further cleara otapes, or recordings I	nce from me. may be used for marke	ting purposes
I also give permission for the ph and/or edited versions as deem college websites Furthermore, permission is also	ed necessary by the Tamp	oa Bay Cat Alliance, Inc	including the use of	images on
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1		<b>.EASE FORM</b> ent to and authorize th	ne use and reproduction	un by you or
PLEASE LIST THE DAYS/HC ALLIANCE, INC.	OURS THAT YOU WOU	LD BE AVAILABLE <sup>-</sup>	TO HELP TAMPAB <i>i</i>	AY CAT
WE ARE ALWAYS SCHEDU SHOWS, TO NAME A FEW. HELP.				
PUBLISHERS, BUSINESS O\				
WE ARE ALWAYS IN NEED	OF HELP FOR OUR FL	JRRY FRIENDS, SUG	CH AS VETS, CLINIC	S.

THANK YOU FOR HELPING THE TAMPABAY CAT ALLIANCE, INC.