SPONSORSHIP REQUEST FORM

Handler Name(s)			Phone Number	Date(s) of E	Birth
ddress			City		
cate	Zip Code		Email Address		
Feam Name				Number of Dogs	
» DOG INF	ORMATION	No	te: If you have more than three do	ogs, please request ar	n additional form
DOG'S NAME		BREED		AGE	WEIGHT
					Value Dantialisati
umber of Expect	ed Events DockDogs	Club Name(s)			rears Participati
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» CURRENT	Γ ACCOLADES		ovide your handles for the followin		rears Participati
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How did you hear about GlycoFlex® or VetriScience®?	
Is there something specific that you are excited by or curious about w	vithin our product line?
Would you feel comfortable giving out samples and answering question	ns about our products if you were provided appropriate training?
What are your three (3) favorite pet brands, and why?	
PHOTO RELEASE I hereby grant FoodScience Corporation and VetriScience images and/or testimonials and stories that I submit for the	
include any photographic prints, CD/DVD, website, blog a Twitter, Facebook, Instagram, Pinterest and the like. I under may be used in print media and/or social media as deemed VetriScience Laboratories. As a member in good standing, forth by VetriScience Laboratories and GlycoFlex. I will also representative of GlycoFlex.	nd any and all forms of social media inclusive of erstand that any images and/or videos taken can and dappropriate by FoodScience Corporation and I agree to adhere to and uphold the obligations set
By signing you agree to the above statements. By signing below, I acknowledge that I am agreeing to the photos of my team, events, and dogs, posted on social repromotional items or literature.	
Signature	Date
Print Name	

Please submit this form to **jlacroix@foodsciencecorp.com** upon completion to be considered for sponsorship during the next full DockDogs season

