



Consent Form

Dates for Shelter: _____

Hours are From: _____ to _____

Location of Shelter: _____

Main Contact:

Name: _____

Cell #: _____

Address: _____

Email: _____

Alternate Contact:

Name: _____

Cell #: _____

Address: _____

Email: _____

NOTE: ALL BUSINESSES AFFECTED MUST SUPPORT THE SHELTER

NAME (Please Print)	SIGNATURE	ADDRESS