

HiSSS-a-Gram Registration Form

Please select the **HISSSers** & **CREEPY** animals you would like to attend your event:

Cockroaches: ___ Lizards: ___ Snakes: ___ Hedgehogs: ___
Mice: ___ Rats: ___ Tortoise: ___ Turtles: ___

Date preferred for HISSSer attendance:

1st choice: _____ 2nd choice: _____

(Must be Monday through Friday between Oct 1 & November 5, 2:00 PM to 6:30 PM)

Address of place where the HISSSers will attend:

Street Address: _____

City, State, Zip: _____

Email: _____

Phone number: _____

Rules for your HISSS-a-gram event:

1. The address of the event must be a place of business that welcomes animals. No Health code violations & the address cannot be a residence.
2. The length of the event will be approximately 20 minutes.
3. CBT is not responsible for any injuries that might occur from handling our animals.
4. Due to circumstances out of our control, the choices of animals attending may vary.

____ By checking the box, I acknowledge & will abide by items 1 through 4 listed above.

Your event will be placed on our calendar once the payment of \$75 has been received.