



WatchDOGS Registration Form for



Pinchbeck Elementary School

Name: _____

Email: _____
(ONLY used to communicate WATCH D.O.G.S.® updates)

Address: _____ City: _____

Zip: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Place of Employment: _____

Do they offer paid Community Service hours? **Yes** or **No**

Would your employer consider being a funding partner for the school or the WATCH D.O.G.S.® Program? **Yes** or **No**

If yes, whom should the coordinator contact? _____

Student's Name(s):

Homeroom Teacher(s):

(Signature)

(Date)

Please return this form to one of the following locations:

1. Scan and email to pinchbeck.dads@yahoo.com
2. Fax to
3. Mail to **1225 Gaskins Road · Richmond, Virginia · 23238**
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact **Jim Hufstedler 447-1585 (Home)**