

Fair Dates:
 Aug. 10-15, 2021

Entries Close:
 July 30, 2021

**NO EXCEPTIONS
 FOR LATE ENTRIES!**

The Cuyahoga County Fair
P.O. Box 135
Berea, OH 44017
Telephone (440) 243-0090
Fax (440) 243-0344

Office Use

Exhibitor No.: _____

Receipt No.: _____

Processed By: _____

Entered By: _____

**Exhibitors Entry Form For
 DEPARTMENT 12**

CANINE SHOWMANSHIP REGISTRATION FORM

Name _____ Cell _____
 Phone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____

Are you at least 18 years old? YES NO If no, how old are you? _____

Children under 18 years of age must have registration form completed and signed by parent or legal guardian.

DOG INFORMATION

Name _____ Breed or Mix _____
 Age _____ Male Female

Please make check or money order payable to "Cuyahoga County Agricultural Society"
 Send check and registration to:

CCF Dog Show
PO Box 135
Berea, OH 44017

WAIVER AND PARTICIPATION RELEASE

By signing below, I agree and understand that Cuyahoga County Agricultural Society (CCAS), its Board and Members, and the Cuyahoga County Council and Executives, shall not be or become liable or responsible for any loss, injury, death, or damages to any person or property arising out of or in connection with the Cuyahoga County Fair (CCF) Dog Show. I understand that CCAS and CCF reserve the right to order the removal of any dog for unruly behavior. I have also read, understand and agree to comply with the rules and regulations set forth by CCF attached to this form.

I hereby give my consent, allowing _____ (pet's name) and my minor child, _____ to participate in the Cuyahoga County Fair Dog Show on _____. I agree and understand that any photographs taken while attending the event may be used for marketing and promotional purposes. I also warrant and guarantee that I am the owner of _____ (pet's name), and am legally entitled to give such permission. I have read and agree to all dog show and park rules and regulations.

Signature of Owner _____ Date _____

Signature of Owner Parent/Guardian (if under 18 years old) _____ Date _____

Over to Register Classes
This Form May Be Duplicated As Needed!

Canine - Cuyahoga County Fair



Ln No.	Dept. No.	Sec. No.	Class No.	No. of Entries	Description of Entry <i>as written in Premium Book</i>	Show	
						1st	2nd
1							
2							
3							
4							
5							
6							
7							
8							
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11							
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22							
23							
24							

Note: Complete if Separate Page.

Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Email _____

This Form May Be Duplicated As Needed!