**Fair Dates:** Aug. 8-13, 2023

Entries Close: July 28, 2023

NO EXCEPTIONS FOR LATE ENTRIES!

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

**Exhibitors Entry Form For** 

Office Use				
Exhibitor No.:				
Receipt No.:				
Processed By:				
Entered By:				

## DEPARTMENT 12 CANINE SHOWMANSHIP REGISTRATION FORM

Name			Cell	
Address			E-Mail	
City			State	Zip
Are you at least 18 years old?	YES 🗌	NO 🗌	If no, how old	d are you?
Children under 18 years of age must hav	e registratio	n form com	pleted and signed	d by parent or legal guardian.
4H Member	YES 🗌	NO 🗌	Club	
DOG INFORMATION				
Name	Br	eed or M	ix	
Age	Ма	le 🗌 🛮 Fe	emale 🗌	
Please make check or money ord Send check and registration to:	CCF Dog PO Box 1 Berea, Ol	Show 35	ahoga County	Agricultural Society"
By signing below, I agree and under its Board and Members, and the Cuy liable or responsible for any loss, injury or in connection with the Cuyahoga reserve the right to order the remove and agree to comply with the rules and agree to comply with the rules are to participate in the top and understand that any photograp and promotional purposes. I also we (pet's name), and am legally entitled and park rules and regulations.	vahoga Cou ury, death, o County Fai al of any do and regulat he Cuyahog hs taken wh	or damage for (CCF) Do g for unruitions set for the galante of the	cil and Executive es to any person og Show. I unde uly behavior. I have the by CCF attacks and my Fair Dog Show ing the event methat I am the owers.	es, shall not be or become or property arising out of erstand that CCAS and CCF ave also read, understand eched to this form.  The property arising out of the erstand expense of the expe
Signature of Owner			Date	
Signature of Owner Parent/Guardian (if	Over to R	Register C	Date lasses	

## Canine - Cuyahoga County Fair



Ln No.	Dept. Sec. Class No. of No. No. No. Entries Description of Entry as written in Premium Book	Sec.	Class	No. of	Description of Entry	Show		
No.		1st	2nd					
1								
2								
3								
4								
5								
6								
7								
8								
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12								
13								
14								
15								
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21								
22								
23								
24								
					1			

Note: Complete if Separate Page.

Name	Phone	(	Cell	
Address	City	State	Zi	p
Email				

This Form May Be Duplicated As Needed!