



# MARION COUNTY FAIR Wiener Dog Races

## Registration Form

Dog's Name \_\_\_\_\_

Dog's Age \_\_\_\_\_ Dog's Weight \_\_\_\_\_ Has dog raced previously? Y N

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Rabies Shots Required for Participation in Event.*

**Send Completed form to:** J. McCormick  
5848 Tumbleweed Cir NE  
Brooks, OR 97305

**Or Email to:** [dashingdachshunds@hotmail.com](mailto:dashingdachshunds@hotmail.com)

**For Office Use Only:**

Rabies Shots Record Y N Age \_\_\_\_\_

Press Release \_\_\_\_\_ Minor Release \_\_\_\_\_

Copy of Rules Received \_\_\_\_\_

