



**WIENER DOG RACE ENTRY FORM
COTATI OKTOBERFEST 2019**

Owner's Name

Address

City, State, Zip

Phone Number

E-Mail

Dog's Name

Age

Weight

Date of Distemper Shot: _____

Date of Rabies Shot: _____

In consideration of my participation in the Cotati Oktoberfest Wiener Dog Races 2019, I hereby waive the Cotati Chamber of Commerce, all sponsors, vendors, volunteers and competitors for damages or injuries to myself and my dog during all events. I will also permit free use of picture(s) in broadcasts, websites or any appropriate medium.

Signature _____

Date _____

