

Please bring completed form to the event or mail/ fax completed form, including payment to Houston Northwest Chamber of Commerce, Attn: CreekFest; 3920 FM 1960 #120, Houston, TX 77068. For more information, call 281-440-4160.



4th Annual Doggy Costume Contest at the 6th Annual CreekFest on Saturday, October 1 Registration Form

CreekFest will present awards in TWO Categories:

Adult/Pet and Child/Pet.

Requirements:

A \$10 donation is requested for each dog entered in the competition.

Entrants must be leashed and licensed and present at CreekFest.

Entries must be submitted no later than 12:00 p.m.

This contest begins promptly at 1 p.m.

Participant's number must be pinned to the owner and visible to the judges.

Winners will be announced as soon as contest is complete. The winning dog(s) will pose for a photo. Winners' name and photo will be included in our post event press releases and on our website.



Judging Criteria: Entrants will be judged on costume and behavior for creativity, humor, character, charisma & uniqueness. The judges' decisions will be final.

Contestant Registration Form ~ PLEASE PRINT OR TYPE

Owner's Name:	
Dog's Name:	
Breed:	
Male or Female:	
Costume Description:	

Contest Rules

- All dogs must remain leashed and be with an adult at all times.
- No puppies under 4 months or w/o vaccinations.
- Rabies and vaccinations must be current.
- Wear I.D. tags at all times.
- No dogs in heat.
- No aggressive dogs.
- Follow all traffic laws.
- Pick up after your dog -- bags will be provided.
- Costumes must be safe and comfortable for dogs.

As legal owner, I certify that my dog is not a hazard to people or other dogs, and is current in all its vaccinations. I agree to abide by the rules listed on this form and to comply with any health/medical/safety recommendations made by event officials.

DOG OWNER MUST SIGN HERE: _____ (MUST BE 18 YEARS OR OLDER)

A \$10 donation is requested. Advance registrations have the option to pay by credit card.

Ⓢ MY CHECK PAYABLE TO Houston Northwest Chamber of Commerce IS ENCLOSED

Ⓢ PLEASE CHARGE MY CREDIT CARD Ⓢ VISA Ⓢ MASTERCARD Ⓢ AMERICAN EXPRESS

OWNER'S NAME _____ **PHONE** _____

ADDRESS _____

CITY, STATE, ZIP _____ **EMAIL** _____

CARD NUMBER _____ **EXPIRATION DATE** _____

NAME AS IT APPEARS ON CARD _____