

SUMMARY OF AMOUNTS DUE

Closing Date (Postmark): April 30, 2010 (USA and CANADA)

EXHIBITOR NAME: _____

FRIDAY ENTRY FEES: (May 21, 2010)

Puppy Sweepstakes ___ x \$10.00 = \$ _____
Official Conformation Class ___ x \$18.00 = \$ _____
Junior/Senior Puppy Class ___ x \$15.00 = \$ _____
Unofficial Conformation Class ___ x \$10.00 = \$ _____
Children's Handling ___ x \$5.00 = \$ _____

SATURDAY ENTRY FEES: (May 22, 2010)

Official Conformation Class ___ x \$18.00 = \$ _____
Junior/Senior Puppy Class ___ x \$15.00 = \$ _____
Unofficial Conformation Class ___ x \$10.00 = \$ _____
Children's Handling ___ x \$5.00 = \$ _____

SUNDAY ENTRY FEES: (May 23, 2010)

Official Conformation Class ___ x \$18.00 = \$ _____
Junior/Senior Puppy Class ___ x \$15.00 = \$ _____
Unofficial Conformation Class ___ x \$10.00 = \$ _____
Children's Handling ___ x \$5.00 = \$ _____

TOTAL ENTRY FEES: \$ _____

TOTAL OTHER: (from other column) \$ _____

TOTAL ALL ITEMS \$ _____

Check Number _____

NEW MEMBERS and **FIRST TIMERS!!** If this is the first time that you are attending one of our shows (whether or not you are showing) and would like to be partnered with one of our members during the weekend, please complete the following information:

Name: _____

Phone Number: _____

Email: _____

MEMBERSHIP REQUIREMENTS: Please review to CKCSC, USA Show Rules I. Owners/Exhibitors, Rules 4 and 7, regarding membership requirements. National and Regional Memberships must be renewed **before the show closing date**, April 30, 2010. Memberships renewed after this time must be received by the **Membership Chair** by **late closing**. Late membership renewal constitutes an **incomplete entry** and the **\$18 late fee** must be **received by the Show Secretary by May 13, 2010**.

I hereby agree to release and hold harmless the CKCSC, USA and the event-giving club, and their members, directors, officers, employees and volunteers, from any loss, injury or damage which may be sustained by any person (including myself) or property (including my dogs) in connection with this event, regardless of how such loss, injury or damage may be caused, and whether or not caused by the negligence of such parties.

In addition, I hereby agree to personally assume all responsibility and liability for any loss, injury or damage which may be caused directly or indirectly to any person or thing by the act of myself or my dogs while in or about the event premises or grounds or near any entrance thereto; and I hereby agree to indemnify the CKCSC, USA and the event-giving club, and their members, directors, officers, employees and volunteers, from any claim for such loss, injury or damage.

Submission of this Summary Form shall constitute an acknowledgement of, and agreement to, the Release printed above.

OTHER

CATALOGS: ___ x \$10.00 = \$ _____
(one covers all shows)

EYE CLINIC: ___ x \$25.00 = \$ _____

HEART CLINIC: ___ x \$25.00 = \$ _____

SALES TABLE: ___ x \$50.00 = \$ _____

SPONSORSHIP: ___ x \$10.00 = \$ _____

Indicate class(es) below.

DINNER:

Sliced Sirloin ___ x \$45.00 = \$ _____

Herb Chicken ___ x \$45.00 = \$ _____

Vegetarian ___ x \$45.00 = \$ _____

TOTAL OTHER: \$ _____

SPONSORSHIP: Class: _____

Name: _____

SPONSORSHIP: Class: _____

Name: _____

Please mail this **SUMMARY FORM** and your **ENTRY FORMS** with **PAYMENT IN FULL** in **U.S. FUNDS** for **TOTAL ALL ITEMS** to:

Beth Bales 2301 E. Emory Road Knoxville, TN 37938
phone:(865) 687-4963 email:cavaliershowsecretary@comcast.net

Please do not send Certified Mail. Please do not require signature upon delivery. Do this instead: Obtain a Certificate of Mailing from the Post Office. Keep it and a copy of your entries. If you have not received your confirmation by May 13, call. It will still be possible to get your entry into the catalog. If you use Express Mail, Sign the signature waver