

SUMMARY OF AMOUNTS DUE

Closing Date (Postmark): February 22, 2019 (USA and CANADA)

EXHIBITOR NAME: _____

THURSDAY ENTRY FEES: (March 14, 2019)

Puppy Sweepstakes _____ x \$10.00 = \$_____

FRIDAY ENTRY FEES: (March 15, 2019)

Official Conformation Class (Adult) _____ x \$25.00 = \$_____

Junior/Senior Puppy Class _____ x \$20.00 = \$_____

Unofficial Conformation Class _____ x \$10.00 = \$_____

Junior Showmanship _____ x \$5.00 = \$_____

SATURDAY ENTRY FEES: (March 16, 2019)

Official Conformation Class (Adult) _____ x \$25.00 = \$_____

Junior/Senior Puppy Class _____ x \$20.00 = \$_____

Unofficial Conformation Class _____ x \$10.00 = \$_____

Junior Showmanship _____ x \$5.00 = \$_____

SUNDAY ENTRY FEES: (March 17, 2019)

Official Conformation Class (Adult) _____ x \$25.00 = \$_____

Junior/Senior Puppy Class _____ x \$20.00 = \$_____

Unofficial Conformation Class _____ x \$10.00 = \$_____

Junior Showmanship _____ x \$5.00 = \$_____

TOTAL ENTRY FEES: \$_____

TOTAL OTHER: (from other column) \$_____

Convenience Fee (credit cards only - \$7) \$_____

TOTAL ALL ITEMS \$_____

Check Number _____

I want to pay by credit card and authorize COS to send me an email invoice for payment via PayPal. _____

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**, February 22, 2019. Memberships renewed after this time must be received by the **Membership Chair** by **late closing**. Late membership renewal constitutes an **incomplete entry** and the **\$25 late fee** must be **received by the Show Secretary** by **March 6, 2019**.

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.

OTHER

CATALOGS: _____ x \$15.00 = \$_____

EYE CLINIC: _____ x \$45.00 = \$_____

HEART CLINIC: _____ x \$45.00 = \$_____

ECHO _____ x \$210.00 = \$_____

by appointment only at least a week in advance.

Contact Kate Bertron at kbertron@gmail.com.

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

SPONSORSHIP:

Class _____ x \$10.00 = \$_____

Coffee _____ x \$50.00 = \$_____

DONATION: _____ = \$_____

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 **March 5**, call. It will still be possible to get your entry into the catalog. *If you use Express Mail, Sign the signature waiver*