

SUMMARY OF AMOUNTS DUE

Closing Date (Postmark): Friday, May 19, 2017 (USA and Canada)

EXHIBITOR NAME: _____

THURSDAY (June 8, 2017)

Puppy Sweepstakes _____ x \$12.00 = \$ _____

FRIDAY ENTRY FEES: (June 9, 2017)

Official Conformation Class _____ x \$25.00 = \$ _____

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

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

Children's Handling _____ x \$ 6.00 = \$ _____

SATURDAY ENTRY FEES: (June 10, 2017)

Official Conformation Class _____ x \$25.00 = \$ _____

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

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

Official Obedience Class n/a x \$15.00 = \$ n/a _____

Unofficial Obedience Class n/a x \$ 8.00 = \$ n/a _____

Official Rally Class _____ x \$15.00 = \$ _____

Additional Obedience Class n/a x \$ 8.00 = \$ n/a _____

Additional Rally Class _____ x \$ 8.00 = \$ _____

Children's Handling _____ x \$ 6.00 = \$ _____

SUNDAY ENTRY FEES: (June 11, 2017)

Official Conformation Class _____ x \$ 25.00 = \$ _____

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

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

Official Obedience Class _____ x \$15.00 = \$ _____

Unofficial Obedience Class _____ x \$ 8.00 = \$ _____

Official Rally Class _____ x \$15.00 = \$ _____

Additional Obedience Class _____ x \$8.00 = \$ _____

Additional Rally Class _____ x \$8.00 = \$ _____

Children's Handling _____ x \$6.00 = \$ _____

TOTAL ENTRY FEES: \$ _____

TOTAL OTHER: (from other column) \$ _____

TOTAL ALL ITEMS \$ _____

Check Number _____

CATALOGS: _____ x \$ 12.00 = \$ _____

(one covers all shows)

SPONSORSHIPS: _____ x \$10.00 x = \$ _____

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

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

ECHOCARDIOGRAM: _____ x \$235.00 = \$ _____

You must Call Breda McCarty @ 508-536-5959 or submit online Health Clinic Form to Breda

SALES TABLES/Vendor _____ x \$ 50.00 = \$ _____

MORNING BEVERAGE SPONSORSHIP x \$30.00 = \$ _____

CANINE NUTRITION SEMINAR _____ x \$ Any Donation = \$ _____

CATALOG ADVERTISEMENT (b/w) _____ x \$40.00 = \$ _____

TOTAL OTHER: \$ _____

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

JOAN PARKER

302 Pine Ridge Circle, Winterville, GA 30683

phone:(716) 479-8162 (Eastern Std.Time)

email: jparker5719@hotmail.com

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 "JUNE 1st", call. It will still be possible to get your entry into the catalog. *If you use Express Mail, Sign the signature waiver.*

SPONSORSHIP:

Class: _____

Name: _____

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** <5/19/17>. Memberships renewed after this time must be received by the **Membership Chair** by 5/24/17. Late membership renewal constitutes an **incomplete entry** and the **\$15 late fee** must be **received by the Show Secretary by 5/29/17**. *Thereby 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.