

**STATEMENT OF EVENT FEES**

January 6 to December 31, 2026
****FOR CANINE GOOD NEIGHBOUR TESTS****

INSTRUCTIONS:

- This form is to be completed in full and signed by an Authorized Officer of the club.
- All signatures to be in ink and not printed.
- PAYMENT IN FULL MUST ACCOMPANY THE RESULTS AND THIS STATEMENT WHEN SUBMITTED TO CKC.
- A separate statement must be completed for each event number.
- The CGN Title Certificate fee plus tax must be paid for each dog that passed the test

NAME OF CLUB:

DATE OF TEST:

EVENT APPLICATION NO.:

TYPE OF EVENT: **CANINE GOOD NEIGHBOUR**

Number of Dogs that Passed	Type of Entry	Fee	Subtotals
_____	All Dogs that Passed	@ \$ _____	\$ _____

<u>Fees</u>	
CGN Title Certificate	\$ 13.00

Sub Total _____

TAX _____

TOTAL \$ _____

I hereby certify that the information contained in the statement is correct.

Signature of Club Officer or Test Secretary_____
Title of Authorized Signing Officer