



**STATEMENT OF EVENT FEES**

**2024**  
**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	\$ 10.00

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