



STATEMENT OF EVENT FEES

**FOR EVENTS BEING HELD BETWEEN JANUARY 1 & DECEMBER 31, 2024
(WITH THE EXCEPTION OF AGILITY TRIALS)**

INSTRUCTIONS:

- This form is to be completed and signed by the Event Secretary and/or an Authorized Signing Officer of the club.
- PAYMENT IN FULL MUST ACCOMPANY THE RESULTS AND THIS STATEMENT WHEN SUBMITTED TO CKC.
- **A separate statement must be completed for each event number.**
- This form is NOT to be used for Canine Good Neighbour Tests.
- Results for events held in conjunction will be invoiced to the club as indicated on the Event Date Application.

Note: If a dog is entered more than once at one event (two entries in official classes/stakes) this will be counted as two paid entries. For Conformation All Breed Shows a dog can only be entered in 1 class.
 Example: In Obedience, if a dog is entered in Open B and Utility, or In a Retriever Field Trial when a dog is entered in Open and Amateur, two separate recording fees must be submitted.
 The fee for a dog with a Temporary Competition Number (TCN) is only paid once per event (ie: event number). If there are 4 trials/event numbers and the dog is entered in all 4, the owner must pay the TCN fee once for each trial.

NAME OF CLUB:

CLUB NO:

DATE OF EVENT:

EVENT APPLICATION NO.:

TYPE OF EVENT:

Number of Entries	Type of Entry	Fee	Subtotals
_____	All Dogs Entered (excluding 3 – 6 mth puppies) <i>(including Altered & all regular Specialty classes)</i>	@ \$ _____	\$ _____
_____	Number of dogs with a CCN entered <i>(these dogs must also be included in All Dogs Entered)</i>	*(if applicable)	
_____	Dogs with Temporary Competition Numbers	@ \$ 10.00 per dog	_____
_____	All Baby Puppies (3 to 6 months)	@ \$ 2.00 per dog	_____

Fees	
Per entry per event where total entry is 125 dogs and under	\$ 4.70
Per entry per event where total entry is 126 and over	\$ 6.00*
Temporary Competition Number Dogs	\$10.00
Baby Puppies—4 to 6 mths	\$ 2.00
Limited Breed Shows	\$ 6.00

Sub Total	_____
Add Applicable Taxes: (QC, MB, AB, SK, BC, YK) 5% GST	_____
(ON) 13% HST	_____
(NS, NL, NB, PEI) 15% HST	_____
TOTAL	\$ _____

**TO BE COMPLETED ONLY IF THE ABOVE-NOTED EVENT WAS HELD IN CONJUNCTION WITH A HOST CLUB
(The information must match what was indicated on the Event Date Application for billing.)**

Name of Host Club: _____	Host Club Number: _____
Name of club to be invoiced for these event results: _____	

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

Signature of Event Secretary

Signature of Authorized Signing Officer

Title of Authorized Signing Officer