



## STATEMENT OF EVENT FEES

2018

**\*\*FOR EVENTS BEING HELD BETWEEN FEBRUARY 1 & DECEMBER 31\*\***  
 (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.
- 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.
- 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 example, if a dog is entered in Open B and Utility in Obedience or when a dog is entered in Open and Amateur in Retriever Field Trials, two separate recording fees must be submitted.

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)  | @ \$ _____         | \$ _____  |
| _____             | Number of dogs with a CCN entered<br>(these dogs must also be included in All Dogs Entered) | *(if applicable)   | _____     |
| _____             | Listed Dogs   | @ \$ 10.00 per dog | _____     |
| _____             | All Baby Puppies (3 to 6 months)  | @ \$ 2.00 per dog  | _____     |

| Fees   | Sub Total |
|--|-----------|
| 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   |
| Listed Dogs  | \$10.00   |
| Baby Puppies–3 to 6 mths   | \$ 2.00   |
| For non-participating provinces :<br>(QC, MB, AB, SK, BC, YK) 5% GST |           |
| For participating provinces:<br>(ON) 13% HST                         |           |
| (NS, NL, NB, PEI) 15% HST  |           |
| <b>TOTAL</b>   |           |
| \$ _____   |           |

**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