



STATEMENT OF EVENT FEES

**FOR EVENTS BEING HELD BETWEEN JANUARY 6 & DECEMBER 31, 2026
(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 4 – 6 mth puppies) <i>(including Altered & all regular Specialty classes)</i>	@ _____ \$ _____	_____
_____	Number of dogs with a CCN entered (these dogs must also be included in All Dogs Entered)	*(if applicable)	_____
_____	Dogs with Temporary Competition Numbers	@ _____ \$ 10.00 per dog	_____
_____	All Baby Puppies (4 to 6 months)	@ _____ \$ 2.00 per dog	_____

Fees	
Per entry per event where total entry is 125 dogs and under	\$ 5.00
Per entry per event where total entry is 126 and over	\$ 6.50
Temporary Competition Number Dogs	\$10.00
Baby Puppies–4 to 6 mths	\$ 2.00
Limited Breed Shows	\$ 6.50

Sub Total _____
 Add Applicable Taxes:
 (QC, MB, AB, SK, BC, YK) 5% GST _____
 (ON) 13% HST _____
 (NS) 14% HST _____
 (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

102-151-00-52 (12/2025)

 Title of Authorized Signing Officer