



STATEMENT OF EVENT FEES

**FOR EVENTS BEING HELD BETWEEN JANUARY 9 & DECEMBER 31, 2025
(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) (including Altered & all regular Specialty classes)	@ \$ _____	\$ _____
_____	Number of dogs with a CCN entered (these dogs must also be included in All Dogs Entered)	*(if applicable)	
_____	Dogs with Temporary Competition	@ \$ 10.00 per dog	_____
_____	Numbers All Baby Puppies (4 to 6 months)	@ \$ 2.00 per dog	_____

Fees	
Per entry per event where total entry is 125 dogs and under	\$ 4.90
Per entry per event where total entry is 126 and over	\$ 6.40*
Temporary Competition Number Dogs	\$10.00
Baby Puppies—4 to 6 mths	\$ 2.00
Limited Breed Shows	\$ 6.40

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

102-151-00-52 (01/2025)

Title of Authorized Signing Officer