

CKCSC, USA, OFFICIAL ENTRY FORM

The term "dog" applies to both sexes. Please type or print and complete in full. Use a separate entry form for each dog entered.

Show-giving Club(s): CNE Dates of Shows: October 17 & 18, 2020

Closing Date (Postmark): **Monday October 5, 2020**

All entries must be accompanied by FULL ENTRY FEE. If the check does not clear, entries for this show will be refused/rejected. A portion of regional show fees are paid to the CKCSC, USA, to cover show operating expenses.

Class (circle): Regular Preferred

Jump Height (circle): 4 8 12 16 **Enclose copy of jump height card**

STD: NovA NovB Open Ex Masters **JWW:** NovA NovB Open Ex Masters

Select trial and classes (check appropriate box(s))

Trial #1	, STD (\$18)	, JWW (\$18)	, STD & JWW (\$30)
Trial #2	, STD (\$18)	, JWW (\$18)	, STD & JWW (\$30)
Trial #3	, STD (\$18)	, JWW (\$18)	, STD & JWW (\$30)
Trial #4	, STD (\$18)	, JWW (\$18)	, STD & JWW (\$30)

DISCOUNTS:

\$20 discount if dog is entered in all four trials. \$10 Jr. handler discount.

Total entry fees: _____ payable to CNE, check# _____

Mail all entries to: **Kristine Schmidt 384 Birch Hollow Drive, Shirley, NY 11967**

Do not send by Certified Mail or any means that requires a signature. If proof of mailing is needed, purchase a Certificate of Mailing from the Post Office. Keep it and a copy of your entries.

CKCSC Information:

Reg# _____ Dog's Call Name _____

Registered Name _____

Owner(s) _____

Email: _____

Phone number _____ Handler _____

I hereby certify that I have read and will abide by the Show and Performance Event Rules, that I am a paid up Member in good standing with the CKCSC, USA, and that the above information is correct to the best of my knowledge.

Owner's Signature _____ Date _____