

SUMMARY OF AMOUNTS DUE

Closing Date (Postmark): January 28, 2022 (USA and CANADA)

EXHIBITOR NAME: _____

THURSDAY ENTRY FEES: (February 17, 2022)

Puppy Sweepstakes ___ x \$15.00 = \$ _____
Veteran Sweepstake ___ x \$15.00 = \$ _____

FRIDAY ENTRY FEES: (February 18, 2022)

Official Conformation Class ___ x \$30.00 = \$ _____
Junior/Senior Puppy Class ___ x \$20.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

SATURDAY ENTRY FEES: (February 19, 2022)

Official Conformation Class ___ x \$30.00 = \$ _____
Junior/Senior Puppy Class ___ x \$20.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

SUNDAY ENTRY FEES: (February 20, 2022)

Official Conformation Class ___ x \$30.00 = \$ _____
Junior/Senior Puppy Class ___ x \$20.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

TOTAL ENTRY FEES: \$ _____

TOTAL OTHER: (from other column) \$ _____

CONVENIENCE FEE: (PayPal Only \$10) \$ _____

TOTAL ALL ITEMS \$ _____

I authorize COS to send a PayPal Invoice: (X or Yes) _____

Check or Money Order in U.S. Funds only payable to:

Cavaliers of the South

Check Number : _____

MEMBERSHIP REQUIREMENTS: Please review the CKCSC, USA Show Rules I. Owners/Exhibitors, Rules 4 and 7, regarding membership requirements. National and Regional Memberships must be renewed **before the show closing date, January 28, 2022**. Memberships renewed after this time must be received by the **Membership Chair** by **late closing**. Late membership renewal constitutes an **incomplete entry** and the **\$20 late fee** must be **received by the Show Secretary by February 4, 2022**.

I hereby agree to release and hold harmless the CKCSC, USA and the event-giving club, and their members, directors, officers, employees and volunteers, from any loss, injury or damage which may be sustained by any person (including myself) or property (including my dogs) in connection with this event, regardless of how such loss, injury or damage may be caused, and whether or not caused by the negligence of such parties.

In addition, I hereby agree to personally assume all responsibility and liability for any loss, injury or damage which may be caused directly or indirectly to any person or thing by the act of myself or my dogs while in or about the event premises or grounds or near any entrance thereto; and I hereby agree to indemnify the CKCSC, USA and the event-giving club, and their members, directors, officers, employees and volunteers, from any claim for such loss, injury or damage.

Submission of this Summary Form shall constitute an acknowledgement of, and agreement to, the Release printed above.

OTHER

CATALOG PAGE AD: ___ x \$50.00 = \$ _____
CATALOG BUSINESS CARD AD: ___ x \$25.00 = \$ _____
PRINT CATALOG: ___ x \$15.00 = \$ _____
DIGITAL CATALOG: ___ x \$15.00 = \$ _____

email for digital: _____

SALES TABLE: ___ x \$50.00 = \$ _____

HEART CLINIC TOTAL: ___ x \$45.00 = \$ _____

EYE CLINIC TOTAL: ___ x \$45.00 = \$ _____

PATELLA CLINIC TOTAL: ___ x \$45.00 = \$ _____

MICROCHIP CLINIC TOTAL: ___ x \$50.00 = \$ _____

AUCTION DONATION: LiveOR Silent (circle) = \$ _____

HEALTH CLINIC SPONSOR: ___ x \$50.00 = \$ _____

COFFEE BREAK SPONSOR: ___ x \$50.00 = \$ _____

BIS SPONSOR: ___ x \$50.00 = \$ _____

MAJOR AWARD SPONSOR: ___ x \$25.00 = \$ _____

CLASS: SPONSOR: ___ x \$10.00 = \$ _____

Class: _____

Sponsor Name: (For All Sponsorships, listed in catalog)

WESTERN FUN NIGHT: (See Flyer)

Adults ___ x \$50.00 = \$ _____

Children (11 and under) ___ x \$30.00 = \$ _____

Black Jack ___ x \$20.00 = \$ _____

BOX LUNCH TOTAL: ___ x \$25.00 = \$ _____

Qty	Fri	Qty	Sat	Qty	Sun
___	Chicken Caesar	___	Chicken Caesar	___	Chicken Caesar
___	Ham & Cheese	___	Ham & Cheese	___	Ham & Cheese
___	Turkey & Swiss	___	Turkey & Swiss	___	Turkey & Swiss

Includes chips and a beverage.

Circle for Vegan or Gluten Free Option

TOTAL OTHER: \$ _____

Please mail this **SUMMARY FORM** and all **ENTRY FORMS** with **PAYMENT IN FULL** in **U.S. FUNDS** for **TOTAL ALL ITEMS** to:

Sandra Brandvold 16103 Temple Ln Minnetonka, MN 55345
phone: 952.412.1681 email: CMWShowSec@CaviMidwest.org

Use above email for direct PayPal payment

Please do not send Certified Mail. Please do not require signature upon delivery.
Do this instead: Obtain a Certificate of Mailing from the Post Office. Keep it and a copy of your entries. If you have not received your confirmation by July 15, call. It will still be possible to get your entry into the catalog. *If you use Express Mail, Sign the signature waiver.*