

SUMMARY OF AMOUNTS DUE

Closing Date (Postmark): July 9, 2021 (USA and CANADA)

EXHIBITOR NAME: _____

THURSDAY ENTRY FEES: (July 29, 2021)

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

FRIDAY ENTRY FEES: (July 30, 2021)

Official Conformation Class ___ x \$30.00 = \$ _____
Pee Wee Puppy ___ x \$5.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

SATURDAY ENTRY FEES: (July 31, 2021)

Official Conformation Class ___ x \$30.00 = \$ _____
Pee Wee Puppy ___ x \$5.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

SUNDAY ENTRY FEES: (August 1, 2021)

Official Conformation Class ___ x \$30.00 = \$ _____
Pee Wee Puppy ___ x \$5.00 = \$ _____
Unofficial Conformation Class ___ x \$15.00 = \$ _____
Junior Showmanship ___ x \$5.00 = \$ _____

TOTAL ENTRY FEES: \$ _____

TOTAL OTHER: (from other column) \$ _____

CONVENIENCE FEE **Fee is \$7.00** \$ _____
PayPal, direct payment or via invoice

TOTAL ALL ITEMS **\$ _____**

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

PayPal Transaction ID: (paid directly via PayPal, no invoice)

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, July 9, 2021**. 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 July 19, 2021**.

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 = \$ _____
CATALOGS: _____ x \$15.00 = \$ _____
DIGITAL CATALOG: _____ x \$15.00 = \$ _____

email: _____

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

HEART CLINIC TOTAL: (from appt. sheet) = \$ _____

SEMINAR SPONSOR: _____ x \$50.00 = \$ _____

HEART CLINIC SPONSOR: _____ x \$50.00 = \$ _____

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

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

SUNDAY COOKIE BREAK: _____ x \$25.00 = \$ _____

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

Class: _____

Sponsor Name: _____

SEMINAR/BUFFET: (reservation required. See Seminar Info)

Adults ___ x \$35.00 = \$ _____

Children (11 and under) ___ x \$15.00 = \$ _____

CRUISE/BUFFET: (reservation required - see Cruise Flyer)

Adults ___ x \$55.00 = \$ _____

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

BOX LUNCH TOTAL: _____ x \$18.00 = \$ _____

Qty	Fri	Qty	Sat	Qty	Sun
_____	Turkey Croissant	_____	Ham & Cheese	_____	Roast Beef
_____	Veggie Wrap	_____	Veggie Wrap	_____	Veggie Wrap

\$18.00 each. Includes fruit, chips, candy bar and a beverage.

TOTAL OTHER: \$ _____

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

Cavaliers of the Midwest

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.*