



**Supported Entry Agreement
Clermont County Kennel Club Show Weekend
Eukanuba Hall at Roberts Centre
123 Gano Road, Wilmington, OH
October 21 & 22, 2017**



The following is an agreement for Supported Entry between the Clermont County Kennel Club (CCKC) for our all-breed shows on October 21 & 22, 2017, and the Specialty Club listed below :

Specialty Club Name: _____ Breed: _____

Contact Name: _____

Contact address: _____

City : _____ State: _____ Zip: _____

Best Contact Phone # _____ Email: _____

Please check the following options you wish to select:

Our Club agrees to support the entry of our breed at the following shows: __ Saturday __ Sunday

Our Club wishes to include Sweepstakes at the following shows: __ Saturday __ Sunday

Our club is solely responsible for providing Sweepstakes Judge and is responsible for filing paperwork with AKC and CCKC to include Sweepstakes. Please Initial: _____

Our Club wishes to include Veterans Classes at the following shows: __ Saturday __ Sunday

Trophy Options:

CCKC provide trophies for Best of Breed (Only). Fee of \$25 per day.
Total for CCKC Trophies: \$ _____

We will provide trophies. We understand that our club will be responsible for having the trophies available at ringside for each show supported.

Attach a legible list of trophies that will be provided by the club to this document.

Rosette Options:

We wish to have **Clermont County Kennel Club provide rosette ribbons** for: Best of Breed, Best of Opposite Sex, Best of Winners, Winners Dog, Winners Bitch, Reserve Winners Dog and Reserve Winners Bitch: The fee for Rosettes is \$25 per day of Supported Entry

Total Included: \$ _____.

Additional Options:

Select Dog/Bitch Rosettes: \$4 additional each= \$8 per day Total Included: \$ _____

Veteran Dog/Bitch Rosettes: \$4 additional each= \$8 per day Total Included: \$ _____

Total Rosette fees enclosed: \$ _____

Total for Trophies and Rosettes Combined \$ _____

YOU MUST SIGN THE SECOND PAGE AND INCLUDE WITH THIS PAGE

The specialty club, _____, agrees with the listed terms and conditions. The specialty club further agrees that it will not hold CCKC or its officers, directors, or members responsible for any loss or damage to property or personal injury.

Printed Name: _____

Authorized Signature: _____ Date: _____

Please return this signed agreement with any required check due made payable to CCKC, or include credit card information below.

Return this entire form (two pages) with payment to:

Rhoda Ezell
4727 Virginia Creek Lane Cincinnati, OH 45244
rtezell@gmail.com 513-236-7602 (mobile)

If you wish to pay via credit card, you must go to <http://CCKCSHOW.com>

NOTE: There are two pages to this form, make sure that you send both pages back to Rhoda to delay processing.