

Supported Entry Agreement Clermont County Kennel Club Show Weekend Greene County Fairgrounds 120 Fairground Rd, Xenia, OH 45385 September 7 - 8, 2024



The following is an agreement for Supported Entry between the Clermont County Kennel Club (CCKC) for the all-breed shows on September 7 and/or 8, 2024, and the Specialty Club listed below. **PLEASE PRINT!**

| Specialty Club Name: | Bree | Breed: | |
|--|--|------------------|--------------------|
| Contact Name: | | | |
| | | | |
| City: | State: | Zip: | |
| Best Contact Phone # : | Email: | | |
| Please check the following options y Our Club agrees to support the entry of | you wish to select: of our breed at the following shows: | Saturday _ | Sunday |
| Our Club wishes to include Sweepsta | kes at the following shows: | Saturday _ | Sunday |
| Our Club wishes to include Veterans | Classes at the following shows: | Saturday _ | Sunday |
| | oviding Sweepstakes Judge and is response. Please Initial: | | paperwork with the |
| Judge Requests from published Ju Saturday: | dge List: Sunday: | | |
| | for Best of Breed (Only). Fee of \$20 Total due for Trophies: \$ | per day. | |
| available at ringside for each s | . We understand that our club will be reshow supported. Attach a legible list on. Deadline for trophy list is June 7 | of trophies that | |
| Rosette Options:We wish to have Clermon | t County Kennel Club provide roset | te ribbons for: | |
| The fee for these Rose | est of Opposite Sex, Best of Winners, Vettes is \$20 per day of Supported Entry: Total due for Breed Rosettes: \$ | : Saturday | Sunday |
| Select Dog/Bitch | Rosettes: \$8 per day: Saturday Otal due for Select Rosettes: \$ | Sunday | |
| | h Rosettes: \$8 per day: Saturdaytal due for Veterans Rosettes: \$ | | |
| Total for Trophies and Rosettes Co | mbined \$ | | |

| The Specialty Club, | , agrees with the listed terms and conditions. |
|---|---|
| The Specialty Club further agrees that it will not hold C | CCKC, 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.

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

Charlene Byrum 348 Palomino Court Fairfield, OH 45014 513-737-9713 charlenebyrum99@gmail.com

If providing a list of trophies, please make sure it is included with this form and sent before the deadline of June 7, 2024.