



# PKC Beagle Division SHOW DIRECTOR REPORT

Club Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Date \_\_\_\_\_

ENTRY FEE _____	TOTAL ENTRIES _____	PROCEEDS _____
AWARDS _____	CLUB FEE _____	PKC FEE _____
		ESCROW FEE _____

### — BEST MALE OF SHOW —

Dog's Name \_\_\_\_\_ PKC # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Account # \_\_\_\_\_

Handler's Name \_\_\_\_\_ Account # \_\_\_\_\_

# Entries _____	<input type="checkbox"/> CLASS \$ _____	<input type="checkbox"/> BEST OF SHOW \$ _____	ADDED PURSE \$ _____	TOTAL \$ _____
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### — BEST FEMALE OF SHOW —

Dog's Name \_\_\_\_\_ PKC # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Account # \_\_\_\_\_

Handler's Name \_\_\_\_\_ Account # \_\_\_\_\_

# Entries _____	<input type="checkbox"/> CLASS \$ _____	<input type="checkbox"/> BEST OF SHOW \$ _____	ADDED PURSE \$ _____	TOTAL \$ _____
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### — BEST PUPPY OF SHOW —

Dog's Name \_\_\_\_\_ PKC # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Account # \_\_\_\_\_

Handler's Name \_\_\_\_\_ Account # \_\_\_\_\_

# Entries _____	<input type="checkbox"/> CLASS \$ _____	<input type="checkbox"/> BEST OF SHOW \$ _____	ADDED PURSE \$ _____	TOTAL \$ _____
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### — MEMBERSHIP DUES PAID —

<i>Person's Name</i>	<i>Amount</i>
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15

### — SINGLE REGISTRATIONS PAID —

<i>Dog's Name</i>	<i>Amount</i>
_____	\$15
_____	\$15
_____	\$15

### — OTHER —

_____	\$ _____
_____	\$ _____
_____	\$ _____

1. Check for total amount due.
2. Registration and Membership Forms.
3. Original Copy of Show Director Report.
4. Copies of Certificates of Earnings.
5. Pictures of Winners (optional).

Mail to:  
 PKC Beagle Division  
 393 Lake Circle  
 Carrollton, GA 30116

### — LATE FEE - \$20 —

A late fee of \$20 will be charged if report is not mailed within four (4) days after Show.

### FEES

PKC Fee .....	\$ _____
Escrow Fee .....	\$ _____
Membership Fees ....	\$ _____
Registration Fees ....	\$ _____
	\$ _____
	\$ _____
<b>Total Due PKC .....</b>	<b>\$ _____</b>

PKC OFFICE USE ONLY

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\_\_\_\_\_  
Show Director's Signature

\_\_\_\_\_  
Account #



# Professional Kennel Club

## SHOW DIRECTOR REPORT

Club Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Date \_\_\_\_\_

TYPE EVENT _____	ENTRY FEE _____	TOTAL ENTRIES _____	PROCEEDS _____
AWARDS _____	CLUB FEE _____	PKC FEE _____	ESCROW FEE _____

<b>MEMBERSHIP DUES PAID</b>	
<i>Person's Name</i>	<i>Amount</i>
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15
_____	\$25 \$15

<b>SINGLE REGISTRATIONS PAID</b>	
<i>Dog's Name</i>	<i>Amount</i>
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15
_____	\$15

<b><u>OTHER</u></b>
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

1. Check for total amount due.
  2. Registration and Membership Forms.
  3. Original Copy of Show Director Report.
  4. Copies of Certificates of Earnings.
  5. Pictures of Winners (optional).
- Mail to:*  
**P K C LLC**  
**P O Box 4759**  
**Evansville IN 47724-0759**

**LATE FEE - \$20**

A late fee of \$20 will be charged if report is not mailed within four (4) days after Show.

<b><u>FEES</u></b>
PKC Fee .....\$ _____
Escrow Fee .....\$ _____
Membership Fees ....\$ _____
Registration Fees ....\$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
<b>Total Due PKC.....\$ _____</b>

**PKC OFFICE USE ONLY**

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*Show Director's Signature* *Account #*