



OFFICIAL OBEDIENCE TRIAL REPORT

EVENT DATE 4-11-21 TRIAL 1 2 of entries. (Only indicate if more than one Trial per day)

Host Club (do not abbreviate) Trained n' Talented Canines Club ID PA0077
City Newville State PA

| | | |
|------------------|--|--------------------------------------|
| Licensed Classes | Number of Pre-Entries <u>10</u> | Time Trial Started <u>10</u> |
| | Number of Day-Of-Show Entries <u>2</u> <small>(N/A for pre-entry only events)</small> | Conclusion of Last Class <u>2:30</u> |
| | Grand Total <u>12</u> | |

1. **Event Service Fee Amount.** The event service fee of \$2.50 per entry must accompany the official report
2. One copy of this report and all related paperwork must be received by UKC within ten (10) business days of the event, or late fees will be assessed.

Please answer the following:

1. Were the advertised Judges used? yes no
Were all changes approved by UKC? yes no; Explain _____
2. Was the advertised Event Chairperson used? yes no
Was the advertised Event Secretary used? yes no
Were all changes approved by UKC? yes no; Explain _____
3. Were any Disqualified for Attacking forms/Misconducts filed? yes* no
*IF YES ALL MISCONDUCT REPORT AND HEARING FORMS MUST ACCOMPANY THIS REPORT.

The individuals signing below certify that the information contained in this report is true and accurate.

EVENT CHAIRPERSON

Name Steve Blair
Address 1 Tail Race Dr
Box Holly Springs PA State PA Zip Code 17065
Phone 717 486 4265
E-mail Sblair81@yahoo.com
My signature confirms that I was in attendance during all hours of the event.
X [Signature]
Signature of Event Chairperson

EVENT SECRETARY

Name Shyanne White
Address 1 Tail Race Dr
Box Holly Springs PA State PA Zip Code 17065
Phone 717 486 4265
E-mail Suzgwhite@netscape.net
My signature confirms that I was in attendance during all hours of the event.
X [Signature]
Signature of Event Secretary

| | | |
|--|-------------------------|-----------------------|
| HIGH IN TRIAL Class Shown In <u>Novice B</u> | Armband # <u>118</u> | Score <u>192</u> |
| Dog's Name <u>Garden Springs Enchanted Eva</u> | UKC # <u>TL 053 384</u> | Breed <u>Cavalier</u> |
| HIGH COMBINED Class Shown In _____ | Armband # _____ | Score _____ |
| Dog's Name _____ | UKC # _____ | Breed _____ |
| HIGH SCORING JUNIOR Class Shown In _____ | Armband # _____ | Score _____ |
| Dog's Name _____ | UKC # _____ | Breed _____ |

Top copy to be mailed to: Attn: All-Breed Sports
United Kennel Club, 100 E Kilgore Rd, Kalamazoo MI 49002-5584
(269) 343-9020 · www.ukcdogs.com

Bottom copy to be retained by the club for a period of one year.

FOR UKC USE ONLY

Date Received _____
Bookkeeping _____ By _____
Processed _____ By _____

Please check one box for each of the following.
Club Status: Full License Provisional
Event Status: New Club Incentive P1/ New Club Incentive P2/ New Event Incentive

