



OFFICIAL OBEDIENCE TRIAL REPORT

EVENT DATE 12-5-21 TRIAL 1 2 (Only indicate if more than one Trial per day)

Host Club (do not abbreviate) Trained N. T. Talented Canine Club PA 0090
City Lexville State PA

Licensed Classes Event Service Fee Amount: The event Service Fee of \$2.50 per entry must accompany the official report.

Number of Pre-Entries 14
Number of Day-Of-Show Entries 1
(N/A for pre-entry only events)
Grand Total 15

Time Trial Started 9
Conclusion of Last Class 2:10

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:

- Were the advertised Judges used? yes no
Were all changes approved by UKC? yes no; Explain _____
- 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 _____
- 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 Joan West
Address 1055 Orange St
City Celina State PA Zip Code 17003
Phone (717) 258-3872
E-mail joanwest@celinapark.net

My signature confirms that I was in attendance during all hours of the event.

X [Signature]
Signature of Event Chairperson

EVENT SECRETARY

Name Steve Blair
Address 1 Tail Race Dr
City But Hill Springs State PA Zip Code 17065
Phone 717 ~~486-4265~~ 486-4265
E-mail stblair@leghoo.com

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>120</u> Score <u>198</u>
Dog's Name <u>Heartidge Native Dancer</u> # <u>R263-385</u> Breed <u>lab</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 _____

FOR UKC USE ONLY

Date Received _____
Bookkeeping _____ By _____
Processed _____ By _____

Top copy to be mailed to: Attn: All-Breed Sports
United Kennel Club, 100 E Kilgore Rd, Kalamazoo MI 49002-5564
(269) 343-9020 - www.ukcdogs.com

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

