



OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 12/4/2021 TRIAL 1 2 (only indicate if more than one Trial per day)
 Club Name (do not abbreviate) Trained n' Talented Canine Club ID PA0090
 City Newville State PA

Licensed Classes Event Service Fee Amount. The event fee of \$2.50 per entry must accompany the official report.	
Number of Pre-Entries	<u>14</u>
Number of Day-Of-Show Entries	<u>0</u>
Grand Total \$	<u>14</u>

Time Trial Started: 3
 Conclusion of Last Class: 530

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 Jean west
 Address 105 S. Orange St
 City Carlisle State PA Zip Code 17015
 Phone (717) 258-3077
 E-mail jeanwest@centurylink.net
 My signature confirms that I was in attendance during all hours of the event. _____
 Signature of Event Chairperson

EVENT SECRETARY

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

HIGH IN TRIAL Class Shown In Rally 3B Armband # 131 Score 100
 Dog's Name Urban Legend's Just Ducky UKC # PL017-735 Breed _____
 Owner Susan Lindquist Handler Susan Lindquist
 HIGH SCORING JUNIOR Class Shown In _____ Armband # _____ Score _____
 Dog's Name _____ UKC # _____ Breed _____
 JR # _____

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 49002-5584
 (269) 343-9020 - www.ukcdogs.com
 Bottom copy to be retained by the club for a period of one year.

