



OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 4/26/2015 TRIAL 1 (2) (Only indicate if more than one Trial per day)

CLUB NAME Trained and Talented Canines
(Do not abbreviate)

CLUB ID PA-0090

CITY Newville

STATE PA

Licensed Classes	Number of Pre-Entries	<u>17</u>
	Number of Day-Of-Show Entries	<u>5</u> (N/A for pre-entry only events)
	Grand Total	<u>22</u>

Time Trial Started 9:30

Conclusion of Last Class 12:00

1. Recording Fee Amount. The recording fee of \$2.00 per entry must accompany the Official Report, except for the classes of Special Exhibition and Total Dog.

2. One copy of this report and all related paperwork must be received by UKC within ten (10) business days of the event, or fines will be assessed in accordance with the current rulebook.

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 Stephen Blair
 Address 101 E. Pine Street
 City Mt. Holly Springs State PA Zip Code 17065
 Phone (717) 486-4265
 E-mail SBlair01@k400.com

EVENT SECRETARY
 Name Suzanne White
 Address 101 E. Pine Street
 City Mt. Holly Springs State PA Zip Code 17065
 Phone (717) 486-4265

My signature confirms that I was in attendance during all hours of the event.
X [Signature]
Signature of Event Chairperson

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>Rally 1-B</u>
Armband # <u>110</u>	Score	<u>100</u>
<u>PG10-107</u>	Dog's Name	<u>Bella Vista Evie Body Needs Day</u> UKC #
Owner <u>Dennis Novak</u>	Breed	<u>W. Highland White Terrier</u>
	Handler	

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____

HIGH SCORING JUNIOR

Class Shown In _____

Armband # _____ Score _____ Dog's Name _____ UKC # _____

Breed _____ JR # _____

*Top copy to be mailed to: Attn: Dog Events Dept
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.