



OFFICIAL AGILITY TRIAL REPORT

EVENT DATE 11-11-11 CLUB ID _____ TRIAL 1 2CLUB NAME (Do not abbreviate) Trained NIT alerted CaninesCITY Lewisberry STATE PA

Licensed Classes	Number of Pre-Entries	<u>45</u>
	Number of Day-Of-Show Entries (N/A for pre-entry only events)	<u>1</u>
	Grand Total	<u>46</u>

Time Trial Started 6pm
Conclusion of Last Class 8:50pm

- Recording Fee Amount.** The recording fee of \$1.50 per entry must accompany the Official Report, except for the classes of Groups, Best In Show, Best in Multi-Breed Show, Special Exhibition and Total Dog.
- 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:

- Were the advertised Judges used? yes no; Explain _____
 - Were all changes approved by UKC? yes no; Explain _____
 - Was there adequate communication to the exhibitors of any change, with a listing of the replacement Judge(s)? yes no
- Was the advertised Event Chairperson used? yes no; Explain _____
Was the advertised Event Secretary used? yes no; Explain _____
Were all changes approved by UKC? yes no; Explain _____
- Were any complaints filed? yes no **ALL MISCONDUCT REPORT AND HEARING FORMS MUST ACCOMPANY THIS REPORT.** NO
- Were any Disqualified for Attacking forms filed? yes no
- Was there a veterinarian on call? yes no

The individuals signing below certify that the information contained in this report is true and accurate.**EVENT CHAIRPERSON**Name Gail Deller
Address 4290 Sch. House Rd
City Daler State PA Zip Code 17315
Phone 717-292-0780
E-mail g.deller@an.aol.com

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

X Gail Deller
Signature of Event Chairperson**EVENT SECRETARY**Name Suzanne White
Address 101 E Pine St
City Mt. Holly Springs State PA Zip Code 17065
Phone 717-486-4265
E-mail Suzannewhite@aol.com

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

X Suzanne White
Signature of Event Secretary**HIGH IN TRIAL**Armband # 121 Score 200 Dog's Name Our Gang and Little Redcap
UKC # LP011-685 Breed Plug
Owner Diane Gabel Handler Diane Gabel
Class shown in AG II - BDoes the club's agility equipment meet the current UKC rules and regulations? Yes No

If "No" please list the piece(s) of equipment and explain the problem(s) _____

Judge's Signature Jeffery S. R.**Top copy to be mailed to:** Attn: Dog Events DeptUnited 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 _____

