



OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 12-2-17 TRIAL 1 2 (Only indicate if more than one Trial per day)

CLUB NAME Trained n' Talented Canines CLUB ID PA0090
(Do not abbreviate)
CITY Newville STATE PA

Licensed Classes	Number of Pre-Entries	<u>20</u>	Time Trial Started	<u>5</u>
	Number of Day-Of-Show Entries (N/A for pre-entry only events)	<u>3</u>	Conclusion of Last Class	<u>703</u>
	Grand Total	<u>23</u>		

1. Recording Fee Amount. The recording fee of \$2 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 Joan Wert
Address 105 S Orange St
City Carlisle State PA Zip Code 17013
Phone (717) 252-3877
E-mail jew640@centurylink.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 Mount Airy State PA Zip Code 17065
Phone (717) 486-4265
E-mail SBlair@10@telco.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 Rally ZB
Armband # 201 Score 200 Dog's Name Pickett Underdog Spirit
UKC # A169-570 Breed American Eskimo
Owner Jennifer Brunner Handler Jane

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: Show Operations 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.

