



OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 12-1-18 TRIAL 1 2 (Only indicate if more than one Trial per day)

CLUB NAME Trained n' Talented Canines
(Do not abbreviate)
CITY Newville

CLUB ID PA0090
STATE PA

Licensed Classes	Number of Pre-Entries	<u>9</u>
	Number of Day-Of-Show Entries (N/A for pre-entry only events)	<u>1</u>
	Grand Total	<u>10</u>

Time Trial Started 3:45
Conclusion of Last Class 5

- 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.
- 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
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 Juan West
Address 105 S Orange St
City Carlisle State PA Zip Code 17013
Phone (717) 258-3877
E-mail jew68@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 Jewie Blair
Address 1 Tail Paw Dr
City Midway Springs State PA Zip Code 17065
Phone 717 486 4265
E-mail sdair@1@yahoo.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>3B</u>
Armband # <u>109</u>	Score	<u>35</u>
UKC # <u>TL048-272</u>	Breed	<u>Border Collie</u>
Owner <u>Jacqueline Calimore</u>	Handler	<u>Same</u>
HIGH SCORING JUNIOR	Class Shown In	_____
Armband # _____	Score	_____
UKC # _____	Breed	_____
JR # _____	Dog's Name	_____

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.

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____

Please check one box for each of the following
Club Status: Full License Provisional
Event Status: New Club Incentive P1 / New Club Incentive P2 / New Event Incentive

