



# OFFICIAL OBEDIENCE TRIAL REPORT

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

CLUB NAME Trained n' Talented Canines CLUB ID PA0090

CITY Newville STATE PA

<b>Licensed Classes</b>	Number of Pre-Entries <u>8</u>	Time Trial Started <u>9</u>
	Number of Day-Of-Show Entries <u>1</u> (N/A for pre-entry only events)	Conclusion of Last Class <u>1045</u>
	<b>Grand Total</b> <u>9</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 weft  
 Address 105 S Orange St  
 City Carlisle State PA Zip Code 17013  
 Phone (717) 258-3877  
 E-mail jew6482@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 Jane Blain  
 Address 1 Tail Race Dr  
 City Mill Hill Springs State PA Zip Code 17065  
 Phone 717 486 4265  
 E-mail sdair01@janger.com  
 My signature confirms that I was in attendance during all hours of the event.  
 X [Signature]  
 Signature of Event Secretary

<b>HIGH IN TRIAL</b>	Class Shown In <u>Nov B</u>
Armband # <u>105</u>	Score <u>195</u> Dog's Name <u>Fury Von Heulerhuff</u>
UKC # <u>P752927</u>	Breed <u>GSD</u>
<b>HIGH COMBINED</b>	Class Shown In _____
Armband # _____	Score _____ Dog's Name _____
UKC # _____	Breed _____
<b>HIGH SCORING JUNIOR</b>	Class Shown In _____
Armband # _____	Score _____ Dog's Name _____
UKC # _____	Breed _____
JR # _____	

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





