



OFFICIAL AGILITY TRIAL REPORT

EVENT DATE 11/8/15TRIAL 1 2*(Only indicate if more than one Trial per day)*CLUB NAME Trained N' Talented CaninesCLUB ID PA0090*(Do not abbreviate)*CITY NewvilleSTATE PA

Licensed Classes	Number of Pre-Entries	<u>24</u>
	Number of Day-Of-Show Entries <i>(N/A for pre entry only events)</i>	<u>2</u>
	Grand Total	<u>28</u>

Time Trial Started 10
Conclusion of Last Class 230

- 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:

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 noWere all changes approved by UKC? yes no, Explain _____*please see attached*

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 CHAIRPERSONName Joan WertAddress 105 S Orange StCity Carlisle State PA Zip Code 17013Phone 717 258 3877E-mail joanwert@earthlink.com

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

X Joan Wert
Signature of Event Chairperson**EVENT SECRETARY**Name Claire TuroAddress 539 Baltimore PikeCity Mt Holly Springs State PA Zip Code 17065Phone 717-319-7976E-mail ctturo@gmail.com

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

X Claire Turo
Signature of Event Secretary

HIGH IN TRIAL	Class Shown In	<u>AG1 IA DIV 1</u>
Armband #	Score	<u>200</u>
UKC #	Breed	<u>PEMBROKE WELSH CORGI</u>
Owner	Handler	<u>NANCY BIE</u>

HIGH SCORING JUNIOR	Class Shown In	_____
Armband #	Score	_____
UKC #	Breed	_____
JR #	Dog's Name	_____

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.

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____