



OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 4/26/14 TRIAL 1 2 (Only indicate if more than one Trial per day)

CLUB NAME TNT Canines
(Do not abbreviate)

CLUB ID PA009D

CITY BIGLERVILLE

STATE PA

Licensed Classes	Number of Pre-Entries	<u>15</u>
	Number of Day-Of-Show Entries (N/A for pre-entry only events)	<u>2</u>
	Grand Total	<u>17</u>

Time Trial Started 9:15 am

Conclusion of Last Class 11:35 am

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 Suzanne White

Address 101 E Pine St

City Mt Holly Springs State PA Zip Code 17065

Phone 717 486 4265

E-mail Suzwhite@netscape.net

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

X [Signature]
Signature of Event Chairperson

EVENT SECRETARY

Name DANA K. NORRIS

Address 800 EFFORD RD.

City CAMP HILL State PA Zip Code 17011

Phone (717) 732-8073

E-mail donaka@paonline.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 2-B

Armband # 216 Score 99 Dog's Name P. Katt's Undying Spirit

UKC # A159-510 Breed American Eskimo

Owner Jennifer Brimmer Handler Jennifer Brimmer

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: 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.