











# OFFICIAL OBEDIENCE TRIAL REPORT

EVENT DATE 12-2-12 CLUB ID PA0090 TRIAL  1  2CLUB NAME (Do not abbreviate) Trained n' Talented CaninesCITY Newville STATE PA

Licensed Classes	Number of Pre-Entries <u>9</u>	Time Trial Started <u>1030</u>
	Number of Day-Of-Show entries <u>1</u> (N/A for pre-entry only events)	Time Trial Completed <u>12<sup>10</sup></u>
	Grand Total <u>9</u>	

1. Recording Fee Amount. The recording fee of \$1.50 per entry must accompany the Official Report, except for the classes of Groups, Best In Show, Best in Multi-Breed Show, 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; Explain \_\_\_\_\_
  - a. Were all changes approved by UKC?  yes  no; Explain \_\_\_\_\_
  - b. Was there adequate communication to the exhibitors of any change, with a listing of the replacement Judge(s)?  yes  no
2. Was the advertised Event Chairperson used?  yes  no; Explain \_\_\_\_\_
 

Was the advertised Event Secretary used?  yes  no; Explain \_\_\_\_\_

Were all changes approved by UKC?  yes  no; Explain \_\_\_\_\_
3. Were any complaints filed?  yes ALL MISCONDUCT REPORT AND HEARING FORMS MUST ACCOMPANY THIS REPORT.  no
4. Were any Disqualified for Attacking forms filed?  yes  no
5. Was there a veterinarian on call?  yes  no

**The individuals signing below certify that the information contained in this report is true and accurate.****EVENT CHAIRPERSON**

Name Juan Wert  
 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 Juan Wert  
 Signature of Event Chairperson

**EVENT SECRETARY**

Name Shamne White  
 Address 1018 Pine St  
 City Ant Holly Springs State PA Zip Code 17065  
 Phone 717-486-4265  
 E-mail Suzeywhite@netscape.net  
 My signature confirms that I was in attendance during all hours of the event.  
 X Shamne White  
 Signature of Event Secretary

<b>HIGH IN TRIAL</b>	Class Shown In <u>Nov B</u>
Armband # <u>101</u>	Score <u>199</u> Dog's Name <u>Stripes little guy keir</u>
UKC # <u>K110-864</u>	Breed <u>Mix Pal</u>
<b>HIGH COMBINED</b>	Class Shown In <u>Utility open B</u>
Armband # <u>203V</u>	Score <u>308</u> Dog's Name <u>Dakota Von Eicherluft</u>
UKC # <u>PS17-215</u>	Breed <u>GSD</u>
<b>HIGH SCORING TOTAL JUNIOR</b>	Class Shown In _____
Armband # _____	Score _____ Dog's Name _____
UKC # _____	Breed _____
JR # _____	

Does the club's obedience equipment meet the current UKC rules and regulations?  Yes  No  
 If "No" please list the piece(s) of equipment and explain the problem(s)  
 Judge's Signature Shamne White

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 \_\_\_\_\_