













# OFFICIAL RALLY OBEDIENCE TRIAL REPORT

EVENT DATE 12-6-13 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

<b>Licensed Classes</b>	Number of Pre-Entries <u>20</u>
	Number of Day-Of-Show Entries <u>1</u> (N/A for pre-entry only events)
	<b>Grand Total</b> <u>21</u>

Time Trial Started 7:25  
Conclusion of Last Class \_\_\_\_\_

1. **Recording Fee Amount.** The recording fee of \$1.50 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 Jean West  
Address 105 S. Orange St  
City Carlisle State PA Zip Code 17013  
Phone (717) 258 3877  
E-mail jean6482@centurylink.net  
My signature confirms that I was in attendance during all hours of the event.  
X Jean West  
Signature of Event Chairperson

**EVENT SECRETARY**  
Name Jane Blain  
Address 101 E Pine St  
City Mt Holly Springs State PA Zip Code 17065  
Phone 717 486 4265  
E-mail sblair@1@yahoo.com  
My signature confirms that I was in attendance during all hours of the event.  
X Jane Blain  
Signature of Event Secretary

<b>HIGH IN TRIAL</b>	Class Shown In <u>R03B</u>
Armband # <u>216</u>	Score <u>100</u> Dog's Name <u>Burger</u>
UKC # <u>LP013-400</u>	Breed <u>Amber</u>
Owner <u>Jane McMillan</u>	Handler <u>same</u>
<b>HIGH SCORING JUNIOR</b>	Class Shown In _____
Armband # _____	Score _____ Dog's Name _____
UKC # _____	Breed _____
JR # _____	

**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 \_\_\_\_\_