



# OFFICIAL OBEDIENCE TRIAL REPORT

EVENT DATE 12-7-14 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

Licensed Classes	Number of Pre-Entries	<u>10</u>
	Number of Day-Of-Show Entries (N/A for pre-entry only events)	<u>2</u>
	Grand Total	<u>12</u>

Time Trial Started 9AM  
Conclusion of Last Class \_\_\_\_\_

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 Juan Wert  
Address 105 S. Orange Street  
City Carlisle State PA Zip Code 17013  
Phone (717) 258-3877  
E-mail jew6492@centurylink.net  
My signature confirms that I was in attendance during all hours of the event.  
X J Wert  
Signature of Event Chairperson

**EVENT SECRETARY**

Name Steve Blair  
Address 101 E Pine St  
City Mt Holly Springs State PA Zip Code 17065  
Phone 717 486 4265  
E-mail sblair01@yahoo.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 5</u>
Armband # <u>103V</u>	Score	<u>194.5</u>
UKC # <u>K111-809</u>	Dog's Name	<u>Scheherazade Uarsolva</u>
	Breed	<u>Std PDL</u>
<b>HIGH COMBINED</b>	Class Shown In	_____
Armband # _____	Score	_____
UKC # _____	Dog's Name	_____
	Breed	_____
<b>HIGH SCORING JUNIOR</b>	Class Shown In	_____
Armband # _____	Score	_____
UKC # _____	Dog's Name	_____
JR # _____	Breed	_____

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 \_\_\_\_\_









