



# OFFICIAL WEIGHT PULL REPORT

EVENT DATE \_\_\_\_\_

CLUB NAME \_\_\_\_\_ CLUB ID \_\_\_\_\_

(Do not abbreviate)

CITY \_\_\_\_\_ STATE \_\_\_\_\_

 WHEELS NATURAL  WHEELS ARTIFICIAL  SNOW  RAIL**Licensed Classes The Recording Fee \$2 per entry must accompany the Official Report.**

Number of Pre-Entries \_\_\_\_\_ X \$2 UKC processing fee Sub Total \$ \_\_\_\_\_ Time Pull Started \_\_\_\_\_

Number of Day-Of-Show Entries \_\_\_\_\_ X \$2 UKC processing fee Sub Total \$ \_\_\_\_\_ Time Pull Completed \_\_\_\_\_  
*DOS totals not applicable if trial is PE only.*

Total Entries \_\_\_\_\_ Grand Total due to UKC \$ \_\_\_\_\_

**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:**

- Were the advertised Judges used?  yes  no  
Were all changes approved by UKC?  yes  no; Explain \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_*My signature confirms that I was in attendance during all hours of the event.*X \_\_\_\_\_  
Signature of Event Chairperson**EVENT SECRETARY**Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_*My signature confirms that I was in attendance during all hours of the event.*X \_\_\_\_\_  
Signature of Event Secretary

<b>MWPPBP Division A</b>	Weight Class _____
Call Name _____	Total Time _____
Registered Name _____	UKC # _____
<b>MWPPBP Division B</b>	Weight Class _____
Call Name _____	Total Time _____
Registered Name _____	UKC # _____
<b>MWPPBP Veteran Division A</b>	Weight Class _____
Call Name _____	Total Time _____
Registered Name _____	UKC # _____
<b>MWPPBP Veteran Division B</b>	Weight Class _____
Call Name _____	Total Time _____
Registered Name _____	UKC # _____
<b>HIGH SCORING JUNIOR</b>	Weight Class _____
Junior Name _____	Junior # _____
Total Time _____	Call Name _____ UKC # _____

**Mail to:** Attn: Show Operations  
 United Kennel Club, 100 E Kilgore Rd, Kalamazoo MI 49002-5584  
 (269) 343-9020 • www.ukcdogs.com

**FOR UKC USE ONLY**

Date Received \_\_\_\_\_ Bookkeeping \_\_\_\_\_ By \_\_\_\_\_ Processed \_\_\_\_\_ By \_\_\_\_\_