



# OFFICIAL LURE COURSING REPORT

EVENT DATE \_\_\_\_\_ MEET  1  2 (Only indicate if more than one Meet per day)

CLUB NAME \_\_\_\_\_ CLUB ID \_\_\_\_\_  
(Do not abbreviate)

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

| Licensed Classes   | Pre-Entries | Day-Of-Show Entries | Totals |
|--------------------|-------------|---------------------|--------|
| Number of CA       | _____       | _____               | _____  |
| Number of CT       | _____       | _____               | _____  |
| Number of RS       | _____       | _____               | _____  |
| <b>Grand Total</b> |             |                     | _____  |

Time Meet Started \_\_\_\_\_

Time Meet Completed \_\_\_\_\_

- 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.
- 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

**Top copy to be mailed to:** Attn: Dog Events Dept  
 United Kennel Club, 100 E Kilgore Rd, Kalamazoo MI 49002-5584  
 (269) 343-9020 • DogEvents@ukcdogs.com • 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 _____ |