



OFFICIAL NOSEWORK TRIAL REPORT

EVENT DATE _____ TRIAL 1 2 (Only indicate if more than one Trial per day)

CLUB NAME _____ CLUB ID _____
(Do not abbreviate)

CITY _____ STATE _____

Licensed Classes The Recording Fee \$2 per entry must accompany the Official Report.

Number of Pre-Entries _____ X \$2 UKC processing fee Sub Total \$ _____
(Including Pre-Trial Entries)

Number of Day-Of-Show Entries _____ X \$2 UKC processing fee Sub Total \$ _____
(Including Pre-Trial Entries) DOS totals not applicable if trial is PE only.

Total Entries _____ **Grand Total due to UKC \$** _____

Time Trial Started _____

Conclusion of Last Class _____

One copy of this report, all related paperwork, and applicable fees 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. ALL DQ FOR ATTACING FORMS MUST BE SENT TO UKC WITHIN 72 HOURS OF THE EVENT.**

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

HIGH IN TRIAL Class Shown In _____
Armband # _____ Total Time _____ Dog's Name _____
UKC # _____ Breed _____

HIGH SCORING JUNIOR Class Shown In _____
Armband # _____ Total Time _____ Dog's Name _____
UKC # _____ Breed _____
JR # _____

Top copy to be mailed to: Attn: Show Operations 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 _____