



OFFICIAL WEIGHT PULL REPORT

EVENT DATE _____ Pull 1 2

Club Name (do not abbreviate) _____ Club ID _____

City _____ State _____

WHEELS NATURAL WHEELS ARTIFICIAL SNOW RAIL

Licensed Classes *The Event Service Fee \$2.75 per entry must accompany the official report.*

Number of Pre-Entries _____ X \$2.75 Sub Total \$ _____

Number of Day-Of-Show Entries _____ X \$2.75 Sub Total \$ _____

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

Time Pull Started: _____

Time Pull Completed: _____

One copy of this report and all related paperwork must be received by UKC within ten (10) business days of the event, or late fees will be assessed.

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

EVENT SECRETARY

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Phone _____ Phone _____

E-mail _____ E-mail _____

My signature confirms that I was in attendance during all hours of the event. *My signature confirms that I was in attendance during all hours of the event.*

X _____ X _____

Signature of Event Chairperson

Signature of Event Secretary

MWPPBP Division A

Call Name _____ Weight Class: _____

Registered Name: _____ Total Time: _____

UKC #: _____

MWPPBP Division B

Call Name _____ Weight Class: _____

Registered Name: _____ Total Time: _____

UKC #: _____

MWPPBP Veteran Division A

Call Name _____ Weight Class: _____

Registered Name: _____ Total Time: _____

UKC #: _____

MWPPBP Veteran Division A

Call Name _____ Weight Class: _____

Registered Name: _____ Total Time: _____

UKC #: _____

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____

Top copy to be mailed to: Attn: All-Breed Sports
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.