



# UKC TOTAL JUNIOR



## CLUB FORM

Club Name \_\_\_\_\_ Club ID # \_\_\_\_\_

Date of Event \_\_\_\_\_ Trial Number  1  2 Date Received \_\_\_\_\_

Location \_\_\_\_\_

Junior Name _____		Judge # _____	
Junior # _____		Dog's UKC # _____	
<input type="checkbox"/> Agility	Class _____	<input type="checkbox"/> High In Trial	
<input type="checkbox"/> Obedience	Score _____	<input type="checkbox"/> High Scoring Junior	
<input type="checkbox"/> Weight Pull	Placement _____	<input type="checkbox"/> Most Weight Pulled	
		<input type="checkbox"/> Most Weight Pulled per Body Pound	
Junior Name _____		Judge # _____	
Junior # _____		Dog's UKC # _____	
<input type="checkbox"/> Agility	Class _____	<input type="checkbox"/> High In Trial	
<input type="checkbox"/> Obedience	Score _____	<input type="checkbox"/> High Scoring Junior	
<input type="checkbox"/> Weight Pull	Placement _____	<input type="checkbox"/> Most Weight Pulled	
		<input type="checkbox"/> Most Weight Pulled per Body Pound	
Junior Name _____		Judge # _____	
Junior # _____		Dog's UKC # _____	
<input type="checkbox"/> Agility	Class _____	<input type="checkbox"/> High In Trial	
<input type="checkbox"/> Obedience	Score _____	<input type="checkbox"/> High Scoring Junior	
<input type="checkbox"/> Weight Pull	Placement _____	<input type="checkbox"/> Most Weight Pulled	
		<input type="checkbox"/> Most Weight Pulled per Body Pound	
Junior Name _____		Judge # _____	
Junior # _____		Dog's UKC # _____	
<input type="checkbox"/> Agility	Class _____	<input type="checkbox"/> High In Trial	
<input type="checkbox"/> Obedience	Score _____	<input type="checkbox"/> High Scoring Junior	
<input type="checkbox"/> Weight Pull	Placement _____	<input type="checkbox"/> Most Weight Pulled	
		<input type="checkbox"/> Most Weight Pulled per Body Pound	
Junior Name _____		Judge # _____	
Junior # _____		Dog's UKC # _____	
<input type="checkbox"/> Agility	Class _____	<input type="checkbox"/> High In Trial	
<input type="checkbox"/> Obedience	Score _____	<input type="checkbox"/> High Scoring Junior	
<input type="checkbox"/> Weight Pull	Placement _____	<input type="checkbox"/> Most Weight Pulled	
		<input type="checkbox"/> Most Weight Pulled per Body Pound	