



UKC OFFICIAL NITE HUNT REPORT

Club Name _____ Club Id _____ Date _____

These sections must be completed by the Official Name: _____ MOH #: _____ Phone: _____ <small>Check box if HD format used <input type="checkbox"/></small> Signature: _____ <small>I certify the information provided is true and correct.</small>		EVENT TYPE: <input type="checkbox"/> REGULAR <input type="checkbox"/> DOUBLE HEADER <input type="checkbox"/> SLAM <input type="checkbox"/> RQE <input type="checkbox"/> YOUTH	# of Veterans Cast(s): _____ # of Conditional Entries: _____	# of REG Entries _____ # of CH/GR Entries _____ = TOTAL # OF ENTRIES _____
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Place	Dog Name (do not include titles)	UKC #	Breed	Owner (or Handler Name & Age if youth hunt)	Total Score	Category (check one)
1st						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
2nd						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
3rd						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
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CW						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH <input type="checkbox"/> GR

Scratched for fighting	Dog Name:	UKC #:	Owner:
Scratched for fighting	Dog Name:	UKC #:	Owner:
Scratched for fighting	Dog Name:	UKC #:	Owner: