



OFFICIAL NITE HUNT REPORT

Club Name: _____ Club ID: _____ Date: _____

<p>These sections must be completed by the Official</p> <p>Name: _____ MOH #: _____</p> <p>Phone: _____ <small>Check box if HD format used</small> <input type="checkbox"/></p> <p>Signature: _____</p> <p style="font-size: small;"><i>I certify the information provided is true and correct.</i></p>	<p>EVENT TYPE:</p> <p><input type="checkbox"/> REGULAR</p> <p><input type="checkbox"/> DOUBLE HEADER</p> <p><input type="checkbox"/> SLAM</p> <p><input type="checkbox"/> RQE</p> <p><input type="checkbox"/> YOUTH</p>	<p># of Veterans Cast(s): _____</p> <p># of Conditional Entries: _____</p>	<p># of REG Entries _____</p> <p># of CH/GR Entries _____</p> <p>= TOTAL # OF ENTRIES _____</p>
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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/GR
2nd						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
3rd						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
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CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR
CW						<input type="checkbox"/> REG <input type="checkbox"/> CH/GR

Scratched for Fighting	Dog Name: _____	UKC #: _____	Owner: _____
Scratched for Fighting	Dog Name: _____	UKC #: _____	Owner: _____
Scratched for Fighting	Dog Name: _____	UKC #: _____	Owner: _____