



OFFICIAL DOCK JUMPING TRIAL REPORT

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

CLUB NAME _____ CLUB ID _____

CITY _____ STATE _____

UKC ONLINE ENTRY SYSTEM

Number of UKC Online Entries: _____ x \$2.50 Subtotal Paid Online: \$ _____

Licensed Classes The Recording Fee \$2.50 per entry must accompany the Official Report.

Number of Pre-Entries _____ X \$2.50 UKC processing fee Sub Total \$ _____
(Including Pre-Trial Entries)

Number of Day-Of-Show Entries _____ X \$2.50 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:

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. 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 _____

Phone _____

E-mail _____

My signature confirms that I was in a ttendance during all hours of the event.

X _____

Signature of Event Chairperson

EVENT SECRETARY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

My signature confirms that I was in a ttendance during all hours of the event.

X _____

Signature of Event Secretary

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.

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____

Please check one box for each of the following

Club Status: ☐ Full License ☐ Provisional

Event Status: ☐ New Club Incentive P1 / ☐ New Club Incentive P2 / ☐ New Event Incentive