



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 \$4.00 Subtotal Paid Online: \$ _____

Licensed Classes The Recording Fee \$4 per entry must accompany the Official Report.

Number of Pre-Entries _____ X \$4 UKC processing fee Sub Total \$ _____
(Including Pre-Trial Entries)

Number of Day-Of-Show Entries _____ X \$4 UKC processing fee Sub Total \$ _____
(Including Pre-Trial Entries) DOS totals not applicable if trial is PE only.

Time Trial Started _____

Conclusion of Last Class _____

Total Entries _____ Grand Total due to UKC \$ _____

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 DO 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 attendance 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 attendance during all hours of the event.

X _____

Signature of Event Secretary

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