



# 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.

**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