| | TRIAL 1 2 (only indicate if more than one Trial per day) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Club Name (do not abbreviate) | |
| ity | State |
| UKC ONLINE E | ENTRY SYSTEM |
| Number of UKC Online Entries: | x \$3.00 Subtotal Paid Online: \$ |
| Licensed Classes The Event Service Fee of \$3 per entry must acreport. | company this official |
| Number of Pre-Entries X \$3 Sub Total \$ | Time that dtal teat |
| Number of Day-Of-Show Entries X \$3 Sub Total \$ Total Entries Grand Total due to UKC \$ | |
| Were all changes approved by UKC? ☐ yes ☐ no; Explain 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 Were any Disqualified for Attacking forms/Misconducts filed? | |
| *IF YES ALL MISCONDUCT REPORT AND HEARING FORMS MUST ACCOMPANY THIS REPO | I YES ITO RT. All DQ FOR ATTACHING FORMS MUST BE SENT TO UKC WITHIN 72 HOURS OF THE EVENT. |
| The individuals signing below certify that the inform | mation contained in this report is true and accurate. |
| The individuals signing below certify that the informal VENT CHAIRPERSON | mation contained in this report is true and accurate. EVENT SECRETARY |
| The individuals signing below certify that the information of the control of the | mation contained in this report is true and accurate. EVENT SECRETARY Name |
| The individuals signing below certify that the information of the control of the | mation contained in this report is true and accurate. EVENT SECRETARY Name Address |
| The individuals signing below certify that the information of the second | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State Zip Code |
| The individuals signing below certify that the information of the second | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State Zip Code Phone |
| The individuals signing below certify that the information of the second series of the second second series of the second second series of the second second series of the second | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State Zip Code |
| The individuals signing below certify that the information of the control of the | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State The event is true and accurate. State Alphone |
| The individuals signing below certify that the information of the event. The individuals signing below certify that the information of the event. | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State Tip Code Phone E-mail My signature confirms that I was in attendance during all hours of the even |
| The individuals signing below certify that the information of the event. The individuals signing below certify that the information of the event. | mation contained in this report is true and accurate. EVENT SECRETARY Name Address City State Tip Code Phone E-mail |