



# OFFICIAL PRECISION COURSING TRIAL REPORT

EVENT DATE \_\_\_\_\_ TRIAL  1  2 (Only indicate if more than one Trial per day)

CLUB NAME \_\_\_\_\_ CLUB ID \_\_\_\_\_  
(Do not abbreviate)

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**Licensed Classes The Event Service Fee \$2.50 per entry must accompany the official report.**

Number of Pre-Entries \_\_\_\_\_ X \$2.50 Sub Total \$ \_\_\_\_\_

Number of Day-Of-Show Entries \_\_\_\_\_ X \$2.50 Sub Total \$ \_\_\_\_\_  
*DOS totals not applicable if trial is PE only.*

Number of Non-Registered dogs \_\_\_\_\_ X \$5 UKC event service fee Sub Total \$ \_\_\_\_\_

**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 late fees will be assessed.

**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 Code \_\_\_\_\_

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 Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

*My signature confirms that I was in attendance 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](http://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