



OFFICIAL WEIGHT PULL REPORT

EVENT DATE _____ Pull 1 2

Club Name (do not abbreviate) _____ Club ID _____

City _____ State _____

 WHEELS NATURAL WHEELS ARTIFICIAL SNOW RAIL**UKC ONLINE ENTRY SYSTEM**

Number of UKC Online Entries: _____ x \$4.00 Subtotal Paid Online: \$ _____

Licensed Classes The Event Service Fee \$4 per entry must accompany the official report.

Number of Pre-Entries _____ X \$4 Sub Total \$ _____

Time Pull Started: _____

Number of Day-Of-Show Entries _____ X \$4 Sub Total \$ _____

Time Pull Completed: _____

Total Entries _____ Grand Total due to UKC \$ _____

One copy of this report and all related paperwork 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.

*The individuals signing below certify that the information contained in this report is true and accurate.***EVENT CHAIRPERSON****EVENT SECRETARY**

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Phone _____ Phone _____

E-mail _____ E-mail _____

My signature confirms that I was in attendance during all hours of the event. _____ My signature confirms that I was in attendance during all hours of the event. _____

X

Signature of Event Chairperson

X

Signature of Event Secretary

MWPPBP Division A

Call Name _____

Weight Class: _____

Registered Name: _____

Total Time: _____

UKC #: _____

MWPPBP Division B

Call Name _____

Weight Class: _____

Registered Name: _____

Total Time: _____

UKC #: _____

MWPPBP Veteran Division A

Call Name _____

Weight Class: _____

Registered Name: _____

Total Time: _____

UKC #: _____

MWPPBP Veteran Division A

Call Name _____

Weight Class: _____

Registered Name: _____

Total Time: _____

UKC #: _____

FOR UKC USE ONLY

Date Received _____

Bookkeeping _____ By _____

Processed _____ By _____

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.