

# Two Couple Pack Trial Report Form

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Host Club \_\_\_\_\_ Date of Trial \_\_\_\_\_

## 1<sup>st</sup> Place

Pack Name _____	Handler of Pack _____	
Handler's Address _____ _____		
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____

## 2<sup>nd</sup> Place

Pack Name _____	Handler of Pack _____	
Handler's Address _____ _____		
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____

## 3<sup>rd</sup> Place

Pack Name _____	Handler of Pack _____	
Handler's Address _____ _____		
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____

## Two Couple Pack Trial Report Form

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### 4<sup>th</sup> Place

Pack Name _____	Handler of Pack _____	
Handler's Address _____ _____		
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____

### 5<sup>th</sup> Place

Pack Name _____	Handler of Pack _____	
Handler's Address _____ _____		
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____
Hound's Name _____	Registration Number _____	Sex _____

Number of Packs entered \_\_\_\_\_ X \$5.00 = \_\_\_\_\_. Make check payable to UBGF and mail along with form to Sherrill Miller, 5322 S. Liberty Knob Road, Scottsburg, IN 47170.

Signature of Field Trial Secretary \_\_\_\_\_