

ARHA Little Pack Youth Judging License Application Form

Name: _____

Address: _____

Phone #: _____ Age: _____

Home Club: _____

Club	Date	Licensed Judge	License #
1			
2			
3			
4			
5			
6			
7			
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9			
10			

**By signing this application, you agree that the above information is true
And correct to the best of your knowledge.**

Signature of Applicant Date

Signature of Parent or Guardian of Applicant Date

Signature of President or Master of Hounds of Home Club Date