

# 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			
8			
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