

AJPHC

Youth/Parent Information & Contacts

(Information provided below will not be published or used for any circumstance outside the AJPHC, APHC or APHA normal course of business without prior consent)

Youth Name: _____ Birthdate: _____

Address: _____
Street City State Zip

Home Phone: _____ Check if preferred

Cell Phone: _____ Check if preferred

Youth Email: _____

Parent(s) Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Check if preferred

Cell Phone: _____ Check if preferred

Work Phone: _____ Check if preferred

Parent(s) Email: _____

Parent Volunteer Preferences (circle all that apply):

Craft Projects @ Home	Activities @ 2 Judge Shows	Phone Calls
Possible Function/Activity Location	Carpooling	Donations
POR Planning/Activities	World Show Team Tournament	Fundraising

There will be lots of information to communicate to everyone throughout the year. Although there will be instances when we will have to use any one or all methods, what is your preferred method of receiving information from the Club (circle one): Snail Mail Email Phone

By signing below, you acknowledge receipt of the World Show Youth Team Tournament Requirements:

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please Return Completed Form To:
Jessica Brosius, APHC Youth Advisor
5203 W. Fallen Leaf, Glendale, AZ 85310