

## **American Kennel Club Junior Handler Number Request**



Please complete, sign, and date this form in order to obtain a Junior Handler number for your child. Please return the completed form as indicated at the bottom of the form and keep a copy for your records. If applying for multiple juniors, please send one email per junior.

Junior Information					
**	**Date of Birth (m)	n/dd/yyyy)****			
First Name	Last	Last Name			
Mailing Address 1	Mail	Mailing Address 2			
City	State/Prov	ov Zip Code Country			
Home Phone	Emai	il Address			
Please add my child to the list to receive the Jur	nior's E-Newslett	er: Yes No	(Check or	ne)	
Is your junior involved in 4-H: Yes No	(Check one)				
Does the mailing address for the Junior match the	mailing address for	or the Parent/Guardian?	Yes	No	(Check one)
Parent/Guardian Information					
First Name	Last	Last Name			
Mailing Address 1	Mail	Mailing Address 2			
City	State/Prov	Zip Code		Country _	
Home Phone	Emai	Email Address			
By completing and signing this form, I give my number. I consent to AKC contacting me or the to the American Kennel Club to provide my chi American Kennel Club has agreements to publis	junior handler vi ld's name and rar	a electronic communic nking points information	cation. I fi	urther give	e my consent
Parent/Guardian Signature		Date			

**Return Application to:** 

**AKC/Juniors** PO Box 900059 Raleigh, NC 27675 email: juniors@akc.org

Fax: (919) 816-3770