

Youth Liaison Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____

Home Telephone Number: _____

Breeds Raised: _____

Years As A WSRBA Member: _____

Describe in 300 words or less; why you would like to be the Youth Liaison.
(Examples of items to put in description; how can you be a voice for the youth of the WSRBA and what WSRBA activities have you been involved in.)

I understand the Youth Liaison Requirements and application instructions and I agree to abide by them. Furthermore; I have read my completed applications and it is true to the best of my knowledge.

Youth Signature

Date

I have read the Youth Liaison requirements and application instructions. I understand that my child must abide by them. Furthermore; I agree to support my child if he/she is appointed to serve as the WSRBA Youth Liaison.

Parent/Guardian Signature

Date