



Pee Wee Waiver Form

Exhibitors 10 years and under that must have at least 1 year of showing experience to move up for competition in the Youth or Open Divisions.

Verify By: _____

Verify Date: _____

Date: _____ **Exhibitor's Number:** _____

Exhibitor's Name: _____

Exhibitor's Birthdate (If Youth): _____

Complete Address: _____

Phone Number: _____

Email Address: _____

By signing this waiver, you allow your son/daughter to enter the youth or open classes. ASMHDC will not allow the child to return to the Pee Wee Division.

Parent/Guardian's Signature: _____