P: (979) 778-1082 F: (979) 778-1898 registrar@asca.org

Minor Signature Authorization Form

For ASCA's purposes, all persons under the age of eighteen will be considered minors. This minor authorization form is to be completed by the minor's natural parents or legal guardians. ASCA will not assume any obligation to determine whether or not an owner is a minor unless we have been so notified

	v	ve have been 30 noti	neu.	
RECORDED OWNER INF	ORMATION			
Minor Name			Junior Member #	
Address	Birthdate			
City	State	Country		Zip/Postal Code
Phone	Fax		E-Mail	
= -	/are authorized to act on beha ments pertaining to this owne		the Australian	ed above. This person(s) is/are authorized to Shepherds recorded in this ownership, and to
Name of Authorized Person	(type or print)			Title (if applicable)
Signature of Authorized Per	rson			Date
Name of Authorized Person	(type or print)			Title (if applicable)
Signature of Authorized Per	rson			Date
AFFIRMATION				
power and authority to mak I (we) acknowledge and agr	ke this authorization and I(we)	accept responsibility	to act on beha	/minor listed above, and possess full legal alf of the minor. e signature of the minor, will be sufficient to
· · · · · -	rization will become effective u SCA. I (we) acknowledge the au			in in effect until a written notice of change or 18th birthday.
Parent or Guardian Name(s) (type or print)			
Parent or Guardian Signatu	re(s)			Date
Parent or Guardian Signatu	ire(s)			Date