Arkansas National Guard
Youth Challe*NG*e Program
Counselor Contact Form
Print and Bring on Intake Day

_____ _____

(Candidate) First Name **(Candidate) Last Name**

Candidates' Current Mailing Address _____

Street Address

_____ , _____ _____

City **State** **Zip**

Parent/Guardian Email Address **(YOU MUST PROVIDE AT LEAST ONE)**

_____ @ _____ . _____

_____ @ _____ . _____

Emergency Contact Phone Numbers **Number belongs to: (Provide Names)**

(_____) _____ - _____ _____

(_____) _____ - _____ _____

Person(s) that ARE authorized to pick up the candidate:

Name	Date of Birth	Relation to the Candidate	Driver's License Number	State Where Issued	Expiration Date

People you DO NOT want your child to send letters to or receive letters from or make phone calls to

Name	Relation to the Candidate	Is this a legal restriction

If applicable:

P. O. Name _____ County _____ Phone # _____

_____ _____

Parent/Guardian Signature **Date**