

This form is read by machine. Please print the numbers and letters as shown on the sample application.

# YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application

Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)  Middle name  Last name  Suffix

Country  Mailing address  City  State  Zip code

Home phone  -  -  Date of birth (mm/dd/yyyy)  /  /  Grade

Ethnic background:  
 African American  Native American  Alaska Native  Asian  
 Caucasian/White  Hispanic/Latino  Pacific Islander  Other  
Gender:  Male  Female

School

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:  Parent  Guardian  Grandparent  Other (specify)

First name (No initials or nicknames)  Middle name  Last name  Suffix

Country  Mailing address  City  State  Zip code

Home phone  -  -  Date of birth (mm/dd/yyyy)  /  /  Occupation  Employer  Gender:  M  F

Business phone  -  -  Ext.  X Previous Exploring experience  Cell phone  -  -

Parent/guardian e-mail address

/  /

Signature of post leader

6001 Registration fee \$  .

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Explorer

LOCAL COUNCIL COPY

28-309 Retain on file for three years.