PARTICIPANT

	Participation fee S O O . O Paid: Cash Check No. Credit card Signature of Explorer
Retain on	Signature of post or club leader    A bave read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).    Date   Signature of parent/guardian
file for thr	@ 
ree years.	Parent/guardian email address
	Business phone Ext. Previous Exploring experience Cell phone
L	Home phone  Date of birth (mm/dd/yyyy)  Occupation  Employer  Gender:
L	Country Mailing address  City  State Zin code
LOC	ials or nicknames)  Middle name  Last name
TIL CAL OF	
TICE C	@ — — — — — — — — — — — — — — — — — — —
OPY	Email address (Post youth participant only)  Gender: O Male O Female
er	Isian/White O Hispanic/Latino O Pacific Islander
5	
	Phone Date of birth (mm/dd/yyyy) Grade Ethnic background:
	Country Wailing address
į	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  Suffix
	O Transfer application Transfer from council no.: Number: Exploring Post O Exploring Post O Explorer Club Number:
	If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.
4	PARTICIPANT O Exploring Post  Explorer Club Number: 1/5