YOUTH PARTICIPANT	Exploring Post O Explorer Club Number: 1 5 4
If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the regist	
O Transfer application Transfer from council no.:	C Exploring Post C Explorer Club Number:
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
That raine (No initials of movinance)	
Country Mailing address City	State Zip code
	Cabaria basigarawa di
Phone Date of birth (mm/dd/yyyy) Grade	Ethnic background:
	O Black/African American O Native American O Alaska Native O Asian O Caucasian/White O Hispanic/Latino O Pacific Islander O Other
School	
	Gender: O Male O Female
Email address (Post youth participant only)	
Parent/guardian information Select relationship: O Parent O Guardian O Grandparent	Other (specify)
Select relationship: O Parent O Guardian O Grandparent First name (No initials or nicknames) Middle name	Last name Suffix
THIS FIGURE (NO INICIAL STREET OF THE STREET	
Country Mailing address City	State Zip code
US	
Home phone Date of birth (mm/dd/yyyy) Occupation	Employer Gender:
	OM
	OF '
Business phone Ext. Previous Exploring experience	Cell phone
X	
Parent/guardian email address	
	I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).
	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 nost or club leader Date	Signature of parent/quardian

Signature of parent/guardian

Signature of Explorer

Signature of post or club leader