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 No.: Post 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

Country Mailing address City State Zip code

US

Phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:
○ Black/African American ○ Native American ○ Alaska Native ○ Asian
○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address @

Parent/guardian information

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

US

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

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

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).

Signature of post leader Date / /

Signature of parent/guardian

Signature of Explorer

Participation fee $. Paid: ☐ Cash ☐ Check No. _____ ☐ Credit card

LOCAL COUNCIL COPY

524-309

Retain on file for three years.