

YOUTH PARTICIPANT

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:

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

US

City

State

Zip code

Home 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

Gender: Male Female

LOCAL COUNCIL COPY

Parent/guardian information

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

US

City

State

Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

- M
- F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian e-mail 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

Participation fee \$

Paid: Cash

Credit card

Check No. _____

Signature of Explorer