

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

School

Gender:

Male

Female

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.

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

6001

Registration fee \$

Signature of Explorer

Retain on file for three years. 28-309