

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

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

Business phone Ext. Previous Exploring experience Cell phone

- - X - -

Parent/guardian e-mail address

Signature of post leader Date

/ /

Registration fee \$.

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 parent/guardian

Signature of Explorer

UNIT COPY

Retain on file for three years. 28-309