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

US

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

US

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

Business phone - - X 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 parent/guardian

Signature of Explorer

Signature of post leader Date / /

6001 Registration fee $.

LOCAL COUNCIL COPY

Retain on file for three years. 28-309