



YOUTH PARTICIPANT

Post number: **0400**

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

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

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

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

Parent/guardian email address @

/ /
 Signature of post leader Date

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

Participation fee \$. Paid: Cash Check No. Credit card

LOCAL COUNCIL COPY

524-309 Retain on file for three years.