EXPLORING™ Registration Form

DISCOVER YOUR FUTURE

Health Careers

YOUTH PARTICIPANT

Post number: 2101

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

US

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

US

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

Business phone Ext. Previous Exploring experience Cellphone

Parent/guardian email 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

Signature of Explorer

Participation fee $ Paid: ○ Cash ○ Check No. _____ ○ Credit card

LOCAL COUNCIL COPY

Retain on file for three years. 524-309