Tips for completing the Application for Exploring Youth Participant:	Participant Chart Cut along dotted line.
	Term per month Youth/adult participant fee TEMPORARY PARTICIPANT CERTIFICATE
➤ Print—do not use cursive. ➤ Use black or dark blue ink.	1 2.00 2 4.00 (Good for 60 days) 3 6.00 This certifies that
➤ Press firmly when printing.	4 8.00 I
➤ Print one letter only in each box. ➤ Use uppercase letters and stay within the blue boxes for legibility.	6 12.00
Fill in circles; do not use check marks.	7
➤ Make sure you have all needed signatures on application.	10 20.00 Post or club leader signature
>Don't alter the application—it could affect the quality of the scan.	12 24.00
Mailing address example:	14 28.00
7 0 3 F I R S T S T	15 30.00 Explorer Club Exploring 17 34.00
	18 36.00
USE B	LACK OR DARK BLUE INK ONLY.
Print—do not use cursive.	Exploring Post
• Print one letter or number only in each box. nt one letter in each space—press hard, you are making a	conv.)
Fin Stay within the blue boxes Middle name	
for legibility. K A T H L E E N J A N	E S M I T H • Fill in radio buttons completely.
US 1234 ANY STREET	Lity
Phone Date of birth (mm/dd/yyyy)	A N Y T O W N
	8 1 0 O Black/African American Native American O Alaska Native O Asian
School	O Gaucastan/White O Hispanic/Latino O Pacific Islander O Other
OAK TREE HIGH SCHOOL	Gender: O Male Female
Email/address (Post youth participant only) K A T H Y J S	LICOMITTITITITITITITITITITITITITITITITITITI
Parent/guardien information	
Sefect relationship: O Parent O Guardian First name (No initials or nicknames) Middle name	Grandparent Other (specify) Last name
DEBORAH SUE	
Country Mailing address	City State Zip code
US 1234 ANY STREET	A N Y T O W N
Home phone Date of birth (mm/dd/yyyy) 5 5 5 - 1 2 3 - 4 5 6 7 0 1 / 0 1 / 1 9 7 2	Occupation Employer V P O P E R A T I O N R G K I N T L M
Business phone Ext. Previous Exploring ex	
5 5 5 - 7 6 5 - 4 3 2 1 x F I R E	E X P L O R E R 5 5 5 - 2 5 3 - 6 1 1 8
Parent/guardian email address Make sure you have all	poorted T T T T T T T T T T T T T T T T T T T
D E B O R A H . S M I T H @ * Make sure you have all signatures on application	on.
	I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).
Bill Taylor 0 5	/ 13 / 2013 Deborah Sue Smith
Signature of post or club leader Date	Signature of parent/guardian
	Kathy Smith
Participation fee \$ Paid: Cash Ch	neck No Credit card Signature of Explorer

YOUTH PARTICIPANT	O Exploring Post O Explorer Club Number:
If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Ma	ark and attach a copy of the certificate.
○ Transfer application Transfer from council no.:	O Exploring Post O Explorer Club 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 nam	ne Suffix
Country Mailing address City	State Zip code
Phone Date of birth (mm/dd/yyyy) Grade Eth	nic background:
	Black/African American O Native American O Alaska Native O Asian
School	Caucasian/White O Hispanic/Latino O Pacific Islander O Other
	ender: O Male O Female
Email address (Post youth participant only)	
Parent/guardian information Select relationship: O Parent O Guardian O Grandparent O	Other (specify)
First name (No initials or nicknames) Middle name Last nam	ne Suffix
Country Mailing address City	State Zip code
Home phone Date of birth (mm/dd/yyyy) Occupation	Employer Gender:
	Gender: O M
Business phone Ext. Previous Exploring experience	Call phone
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 or club leader Date	Signature of parent/quardien
▼ · · · · · · · · · · · · · · · · · · ·	Signature of parent/guardian

Credit card

Signature of Explorer

Paid: Cash Check No. _