YOUTH	C Exploring Post C Explorer Club Number:
PARTICIPANT If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark a	
○ Transfer application Transfer from council no.:	Exploring Post
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:
O Bla	ack/African American O Native American O Alaska Native O Asian
School	ucasian/White O Hispanic/Latino O Pacific Islander O Other
	er: O Male O Female
Email address (Post youth participant only)	
@	
Parent/guardian information	Other (specify)
•	Other (specify)
First name (No initials or nicknames) Middle name Last name	Suffix
	21.1. 7
Country Mailing address City	State Zip code
Home phone Date of birth (mm/dd/yyyy) Occupation	Employer Gender:
	OM
Business phone Ext. Previous Exploring experience	Cell phone
-	Celi priorie
Parent/guardian email address	
l ha	ave read the attached information sheet and approve the application parent/guardian required if applicant is under 18 years of age).

Reta Signature of post or club leader Signature of parent/guardian Signature of Explorer