

**Tips for completing the Application for Exploring Youth Participant:**

- > Print—do not use cursive.
- > Use black or dark blue ink.
- > Press firmly when printing.
- > Print one letter only in each box.
- > Use uppercase letters and stay within the blue boxes for legibility.
- > Fill in circles; do not use check marks.
- > Make sure you have all needed signatures on application.
- > Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7 0 3 F I R S T S T

Term per month	Youth/adult participant fee
1	2.00
2	4.00
3	6.00
4	8.00
5	10.00
6	12.00
7	14.00
8	16.00
9	18.00
10	20.00
11	22.00
12	24.00
13	26.00
14	28.00
15	30.00
16	32.00
17	34.00
18	36.00

*Cut along dotted line.*

**TEMPORARY PARTICIPANT CERTIFICATE**  
(Good for 60 days)  
This certifies that \_\_\_\_\_

is a member of \_\_\_\_\_

Post or club leader signature \_\_\_\_\_

Date \_\_\_\_\_

**Explorer Club**  
Part of the Explorer Program

**USE BLACK OR DARK BLUE INK ONLY.**

Exploring Post    Explorer Club   Number:

**Print one letter in each space—press hard, you are making a copy.**

**YOUTH**

Name: Last name **S M I T H**   Middle name **J A N E**   City **A N Y T O W N**   State **N Y**   Zip code **1 2 3 4 5**

Phone: **5 5 5 - 1 2 3 - 4 5 6 7**   Date of birth (mm/dd/yyyy) **0 1 / 0 1 / 1 9 9 8**   Grade **1 0**

School: **O A K T R E E H I G H S C H O O L**

Email/address (Post youth participant only) **K A T H Y J S @ M Y M A I L . C O M**

Relationship:  Parent    Guardian    Grandparent    Other (specify) \_\_\_\_\_

First name (No initials or nicknames) **D E B O R A H**   Middle name **S U E**   Last name **S M I T H**   Suffix \_\_\_\_\_

Country **U S**   Mailing address **1 2 3 4 A N Y S T R E E T**   City **A N Y T O W N**   State **N Y**   Zip code **1 2 3 4 5**

Home phone **5 5 5 - 1 2 3 - 4 5 6 7**   Date of birth (mm/dd/yyyy) **0 1 / 0 1 / 1 9 7 2**   Occupation **V P O P E R A T I O N**   Employer **R G K I N T L**   Gender:  M    F

Business phone **5 5 5 - 7 6 5 - 4 3 2 1**   Ext. **x**   Previous Exploring experience **F I R E E X P L O R E R**   Cell phone **5 5 5 - 2 5 3 - 6 1 1 8**

Parent/guardian email address **D E B O R A H . S M I T H @**

• Print—do not use cursive.  
• Print one letter or number only in each box.  
• Use uppercase letters and stay within the blue boxes for legibility.

• Fill in radio buttons completely.

• Make sure you have all needed signatures on application.

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: **Bill Taylor**   Date: **0 5 / 1 3 / 2 0 1 3**

Signature of parent/guardian: **Deborah Sue Smith**

Signature of Explorer: **Kathy Smith**

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

