**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 upper-case 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

**Participant Chart**

| Term per month | Youth/adult participant fee |
|---|---|
| 1 | .85 |
| 2 | 1.70 |
| 3 | 2.55 |
| 4 | 3.40 |
| 5 | 4.25 |
| 6 | 5.10 |
| 7 | 5.95 |
| 8 | 6.80 |
| 9 | 7.65 |
| 10 | 8.50 |
| 11 | 9.35 |
| 12 | 10.00 |

*Cut along dotted line.*

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

______________________________

is a member of ______________________________

______________________________
Post leader signature

______________________________
Date

Exploring

**YOUTH**

**USE BLACK OR BLUE INK ONLY.**

Post number:

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

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

First name: J | Middle name: ANDREW | Last name: SMITH | Suffix:

- Fill in radio buttons completely.

Country: US | Mailing address: 1234 ANY STREET | City: ANYTOWN | State: NY | Zip code: 12345

Home phone: 555-123-4567 | Date of birth (mm/dd/yyyy): 01/01/1995 | Grade: 06

Ethnic background: ○ African American ● Native American ○ Alaska Native ○ Asian ○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

Gender: ○ Male ○ Female

School: OAK TREE ELEMENTARY

*Parent/guardian information*

Select relationship: ○ Parent ○ Guardian ● Grandparent ○ Other (specify)

First name **(No initials or nicknames)**: DEBORAH | Middle name: SUE | Last name: SMITH | Suffix:

Country: US | Mailing address: 1234 ANY STREET | City: ANYTOWN | State: NY | Zip code: 12345

Home phone: 555-123-4567 | Date of birth (mm/dd/yyyy): 01/01/1972 | Occupation: | Employer: | Gender: ○ M ● F

Business phone: - - x Ext. | Previous Scouting experience: | Cell phone: - -

Parent/guardian e-mail address:

- Make sure you have all needed signatures on application.

Bill Taylor
Signature of post leader

Date: / /

Registration fee $ .

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Deborah Sue Smith
Signature of parent/guardian

Signature of Explorer

524-309

Retain on file for three years.

SAMPLE

**This form is read by machine. Please print the numbers and letters as shown on the sample application.**

## YOUTH PARTICIPANT

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

Home phone - - | Date of birth (mm/dd/yyyy) / / | Grade

Ethnic background:
- African American
- Native American
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Other

School

Gender: Male Female

---

*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 - - X | Ext. | Previous Exploring experience | Cell phone -

Parent/guardian e-mail 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

Registration fee $ .

Signature of Explorer

6002

LOCAL COUNCIL COPY

524-309

Retain on file for three years.

## YOUTH PARTICIPANT

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

Home phone - - | Date of birth (mm/dd/yyyy) / / | Grade

Ethnic background:

- African American
- Native American
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Other

School

Gender: Male Female

---

*Parent/guardian information*

Select relationship: Parent Guardian Grandparent Other (specify)

UNIT COPY

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 | Cell phone - -

Parent/guardian e-mail 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

Registration fee $ .

Signature of Explorer

524-309

Retain on file for three years.