

YOUTH PARTICIPATION FORM v.8-08

Post Number

Circle appropriate descriptions

New Explorer

Male

Former Explorer

Female

Please print legibly one letter per space.
Press hard, you are making three copies.

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Home

Cell



A Program for Career Education

Ethnic Background – Check one (optional)

African American

Caucasian

American Indian

Hispanic

Asian

Other _____

E-mail Address

Date of Birth

Month

Date

Year

Signature of Participant

School

Grade

Parent/Guardian Name

Parent/Guardian Occupation

Date

Parent or Guardian's employer and work phone

Post Advisor's Signature

Next Meeting Date:

Meeting Location:

Time:

Participation Fee: \$

PAID: _____

WHITE: OFFICE COPY

YELLOW: POST COPY

PINK: EXPLORER COPY

YOUTH PARTICIPATION FORM v.8-08

Post Number

Circle appropriate descriptions

New Explorer

Male

Former Explorer

Female

Please print legibly one letter per space.
Press hard, you are making three copies.

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Home

Cell



A Program for Career Education

Ethnic Background – Check one (optional)

African American

Caucasian

American Indian

Hispanic

Asian

Other _____

E-mail Address

Date of Birth

Month

Date

Year

Signature of Participant

School

Grade

Parent/Guardian Name

Parent/Guardian Occupation

Date

Parent or Guardian's employer and work phone

Post Advisor's Signature

Next Meeting Date:

Meeting Location:

Time:

Participation Fee: \$

PAID: _____

WHITE: OFFICE COPY

YELLOW: POST COPY

PINK: EXPLORER COPY