

# EXPLORING PARTICIPATION FORM

Post Number

### Check

- New Explorer
- Former Explorer
- Male
- Female

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

First Name Middle Initial Last Name

Street Address

City State Zip Code

Home Telephone Number

### Ethnic Background – Check one (optional)

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other



E-mail Address

Date of Birth

Month Date Year

Advisor Signature Date

Signature of Explorer

School Current Grade

Parent/Guardian Name Occupation

Employer and Business Address

Next Meeting Date: Location:  
Time: Participation Fee: \$

WHITE: COUNCIL COPY YELLOW: POST COPY PINK: STUDENT COPY

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